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Virginia Department of Health

Isolation and Quarantine Guide for Communicable Diseases of Public Health Threat



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Background to the Guidebook

Introduction

In the past, many states including Virginia have relied upon a general delegation of authority to the State Health Commissioner or other official(s) for the control of communicable diseases. While the courts have given deference to the expertise of public health professionals in protecting the safety of communities, some public health law experts worried that this practice would not be adequate for the response to a large-scale event. Thus, there was a concern that successful challenges to the broad yet flexible methods that have traditionally enabled the public health system to act rapidly could potentially leave the public vulnerable when interventions are most needed.

As a result, in April 2004 the General Assembly and the Governor of Virginia amended Chapter 2 of Title 32.1 of the *Code of Virginia* to increase the Commonwealth's ability to respond to serious threats to its citizens. Among the issues addressed were specific details on the use of isolation and quarantine for the control of communicable diseases of public health threat.

Subsequently, the Commonwealth of Virginia Board of Health issued emergency regulations on isolation and quarantine that further defined the public health procedures that would be followed to control communicable diseases of public health threat. [Note: as of November 7, 2006, the emergency regulations have expired, while approval for the final regulations remains pending.]

While the use of these laws and regulations would occur only in very unusual circumstances, their implementation would need to be rapid and efficient to minimize the risk to the citizens of Virginia. In addition, implementation would need to be thorough, to both protect the legal rights of the individual(s) subject to these laws and ensure that the requisite legal standards were met.

This guidebook has been prepared to outline the Virginia Department of Health's (VDH) strategy for invoking and enforcing the isolation of cases known or suspected of being infected and contagious with, and the quarantine of contacts exposed to, a communicable disease of public health threat. There are four main sections to these guidelines:

- 1) Background
- 2) Introduction to Isolation and Quarantine
- 3) Detailed Steps for Implementing Isolation and Quarantine in Virginia
- 4) Supporting Documents (Forms, Attachments, Glossary, etc.)

This guidebook is intended as a resource for VDH staff. However, other healthcare professionals (e.g., directors of medical facilities, nurses, infection control practitioners, and private physicians) may benefit from this resource. Other audiences that may find

this document useful could include attorneys and judges, law enforcement personnel, disaster planners, and other government officials and representatives.

A Note on Documentation

Given the serious nature of the conditions that would lead to implementation of the *Communicable Disease of Public Health Threat Control Laws*, coupled with the need for meeting rigorous legal scrutiny, many of the orders and other actions detailed in this guidebook rely upon thorough documentation. The documentation of efforts to counsel cases or exposed individuals, their adherence to treatment, and other factors will be used to support orders of isolation and quarantine and thus must be legible and professional.

To improve consistency, to help ensure that all requirements are met, and to minimize the time required by district health department staff during periods of potential crisis, template forms and documents are provided whenever possible. Modification and editing of these templates may be required to meet particular situations. These resources, as well as any additional data (e.g., patient charts, laboratory results, radiographs, reports from witnesses, etc.), should be organized appropriately and kept confidential as part of a public health record.

In the event that the occurrence of a communicable disease of public health threat is due to an intentional action, additional issues related to evidence (e.g., chain of custody considerations, preservation of the scene) and documentation will exist. Law enforcement will provide guidance on these issues, as needed.

A Note on Planning

As noted above, the purpose of this guidebook is to provide detailed guidance for the effective control of communicable diseases of public health threat using isolation and/or quarantine based on Virginia's laws and regulations. In some cases, attempts have been made to provide additional guidance on practical issues (e.g., selecting appropriate isolation and quarantine facilities). However, localities will develop plans that will enable meeting the community's needs based on the available resources. These should include pre-event planning, such as:

- Identifying key personnel within the health department required for the response;
- Training and exercising staff on issues related to communicable diseases of public health threat;
- Identifying and contacting key agency (e.g., law enforcement) and community partners. This may include, with central office support, providing training and updates to local law enforcement and court officers on isolation and quarantine procedures, personal protective equipment, methods for the prevention of disease transmission, appropriate decontamination methods, and staff and agency identification/credentials;
- Developing communication protocols to ensure efficient notification of key personnel and agencies, as well as appropriate media updates;

- Identifying critical resources (e.g., facilities, transport, volunteers, support supplies, etc.). This may involve working with the owner or operator of a property, building, or facility in advance to establish procedures for activating sites (including developing memorandums of agreement), coordinating activities related to patient management, and developing appropriate detailed plans (e.g., supplies, security, etc.). A multidisciplinary team approach can be used to assess potential sites in a jurisdiction to ensure suitability. The assessment team should include:
 - Emergency personnel/police/fire
 - Healthcare personnel
 - Local hospital personnel, and
 - Engineering/maintenance/public works staff;
- Ensuring appropriate documentation capability for managing persons in isolation or quarantine;
- Considering appropriate media responses and developing materials and contacts; and,
- Identifying methods or resources for special needs populations. Many vulnerable populations are distributed throughout Virginia, including people who are:
 - Physically disabled (e.g., blind, deaf, deaf-blind, hard of hearing)
 - Seniors
 - Limited English or non-English proficient
 - Children (including those in day cares, Head Start, before/after-school programs, latch-key kids, as well as those in school, foster care, truancy, juvenile justice system)
 - Homeless and shelter dependent
 - Impoverished
 - Mentally disabled
 - Medically dependent/medically compromised
 - Chemically dependent (includes substance abusers, as well as those who would experience withdrawal, sickness, or other symptoms due to lack of access—i.e., methadone users)
 - Clients of the criminal justice system (e.g., ex-convicts, parolees, people under house arrest, registered sex offenders)
 - Emerging or transient special needs (e.g., migrant workers, persons in shelters, on the streets or temporarily housed—transitional, safe houses for women and minors, as well as tourists/visitors, university/college/boarding school students, commuters, etc.), and
 - Undocumented persons.

Many do not have a regular health care provider and are beyond the reach of traditional public health and other emergency response systems. Therefore, public health planning needs to consider ways to reach deeply into communities to ensure the effectiveness of isolation/quarantine.

It should be noted that to-date the laws, regulations, and planning have not fully addressed some issues related to isolation and quarantine. Examples include

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reimbursement (e.g., for lost work for individuals, for decontamination and remediation of facilities following usage, etc.), guidelines for allocating a limited resource in a community (e.g., chemoprophylaxis or immunization), the appropriate use of force by law enforcement to compel compliance, restriction of movement of individuals exposed to non-infectious agents (e.g., polonium-210) that could pose a threat to the public, etc. The wide range of situations where these issues may arise will affect the available options therefore flexibility in the response will be needed.

Maintenance

This plan will routinely be updated and supplemented as federal and state isolation and quarantine plans and guidance evolve. Plan changes will also be made based on experience and lessons learned by VDH and other agencies.

Users of this guidebook and its accompanying documents should periodically ensure that they have the most recent version located on the VDH Emergency Preparedness and Response Program website at www.vdh.virginia.gov/EPR/index.asp.

Disclaimer

Please note that laws and regulations can be changed, revised, or amended at any time. The contents of this guidebook do not take the place of appropriate legal advice. Please consult the current *Code of Virginia* and the State Board of Health Regulations at <http://leg1.state.va.us/> for up-to-date information.

If you have any questions regarding the Commonwealth of Virginia's *Communicable Disease of Public Health Threat Control Laws* or State Board of Health *Regulations for Disease Reporting and Control*, or their application, you should contact the Virginia Department of Health Division of Surveillance and Investigation, or seek the guidance of an attorney.

VDH Division of Surveillance and Investigation
109 Governor Street, 5th Floor
Richmond, VA 23218
Telephone: 804-864-8141
Fax: 804-864-8139
URL: www.vdh.virginia.gov

Introduction to Isolation and Quarantine

The Role of the Health Department in Public Health Emergencies

The responsibility of the health department in the control of a communicable disease of public health threat is to ensure that all persons who are suspected of having such a disease, or of having been exposed to such a disease, are identified and evaluated promptly and that appropriate treatment and prevention activities are implemented successfully. Other responsibilities may include performing epidemiologic investigations to identify a source or sources of infection, providing law enforcement with evidence in their investigations, informing decision makers (e.g., the Governor), and ensuring timely and accurate communication of disease risk and prevention to the public.

The responsibilities of the health department may be accomplished indirectly by epidemiologic surveillance and monitoring of treatment decisions and outcomes, applying generally agreed-upon standards and guidelines, or more directly through the provision of diagnostic and treatment services, as well as by conducting epidemiologic investigations. Given the diverse socio-demographic characteristics of patients and the many mechanisms by which healthcare is delivered, the means by which the goals of the health department are accomplished may be quite varied.¹

The Virginia Department of Health

The Virginia Department of Health (VDH) is composed of local and district health departments and the central office. The 119 local health departments in Virginia operate programs that work to improve the health of the communities they serve. One or more local health departments are grouped into one of the 35 health districts in Virginia, each headed by a district health director. District health directors have significant responsibilities, including the surveillance for, and investigation of, illnesses of public health importance that occur in their jurisdiction. District health directors are also responsible for instituting measures for disease control, including implementing the quarantine and isolation orders of the State Health Commissioner. In addition, regional teams are available to augment emergency public health responses in Virginia.

The State Health Commissioner is the executive officer for the State Board of Health, with the authority of the board when it is not in session, and has the authority to require quarantine, isolation, immunization, decontamination, or treatment of any individual or group of individuals when necessary to control the spread of any disease of public health importance (**note: individuals include companion animals as well as humans**).

Although the powers granted to the State Health Commissioner pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2 of Title 32.1 of the *Code of Virginia* may not be delegated to the district health director, many of the activities at the local and district level related to the control of a communicable disease of public health threat will be overseen by the district health director, per section C of 12VAC5-90-40 (see [Attachment B](#) - Delegation of the Statutory Authority by the Commissioner of Health to District Health Directors).

The VDH central office, under the State Health Commissioner, provides technical support and coordination for the district health departments. Within the central office, the Office of Epidemiology is an important liaison between the different entities involved in the implementation of the laws and regulations related to communicable diseases of public health threat (e.g., district health directors, private physicians, institutions, the State Health Commissioner, the Attorney General's office, law enforcement, etc.).

Offices within VDH are further sub-divided into Divisions. Depending on the specific situation, various divisions and offices play important roles in implementing control measures. For example, the Division of Surveillance and Investigation (DSI) would provide technical guidance in managing a communicable disease of public health threat. In the event of an outbreak in companion animals (e.g., monkeypox) that could potentially spread to humans, the Division of Zoonotic and Environmental Epidemiology (DZEE) would also have a vital technical role. The Division of Immunization and the Division of Disease Prevention (DDP) would have important roles if vaccines or medications were available as part of the response.

The Office of Emergency Preparedness and Response (EP&R) within VDH coordinates the overall public health response and provides logistic support during emergencies. In addition, EP&R would coordinate VDH's communication with the Virginia Department of Emergency Management (VDEM) Emergency Operations Center (EOC) and other partners.

Isolation and Quarantine

A wide variety of community containment actions that increase social distance could be used to prevent or limit exposures to a serious contagious disease. Some examples include limiting social interactions (e.g., canceling meetings, classes, dances, etc.), closing facilities (e.g., schools, restaurants, theaters, etc.), closing certain areas (lakes, rivers, parks, etc.), stopping or limiting mass transit (e.g., buses, trains, etc.), or recommending or requiring special protection or safe behaviors among citizens.

These containment actions include isolation and quarantine for individuals or groups. Isolation is the restriction of movement of an individual infected with a communicable disease in order to prevent the transmission of the disease to uninfected individuals. Quarantine, a concept closely related to but distinct from isolation, is the physical separation of an individual who may have been exposed to (and infected by) a communicable disease but who does not yet show signs or symptoms of infection, in order to prevent or limit the transmission of the communicable disease to unexposed and uninfected individuals. Isolation and/or quarantine may be recommended measures, or they may be required by the state to protect its citizens, especially when individuals fail to adequately follow disease control recommendations voluntarily.

History of Isolation and Quarantine

Isolation and quarantine are not new concepts. The Bible refers to the use of isolation to control the spread of Hansen's disease (leprosy). In the 14th and 15th centuries

Venice imposed a harbor quarantine (from the Italian *quarante*, the 40-day period during which arriving ships were detained) to control the spread of plague. In the U.S., as early as 1647 the Massachusetts Bay Colony restricted ships from the West Indies due to plague, and by the 1660s the first colonial quarantine laws were in place. In the 1880's, New York City officials inspected ships, passengers, and cargo for contagion; Staten Island had an isolation hospital/quarantine station. Therefore, the use of isolation and quarantine to prevent the spread of disease is a traditional and historical activity of societies to protect the public health.

Modern Legal Authority for Isolation and Quarantine

In the U.S., the government's restriction of a person who is not guilty of a crime is a form of civil commitment. Civil commitments must balance the right of the community to be protected from harm by individuals against the constitutionally protected freedoms of individuals. The authority to initiate civil commitments resides at several levels of government.

The federal government has "enumerated powers" that allow it to regulate movement under the Commerce Clause of the Constitution. This provides the basis for the Secretary of the United States Department of Health and Human Services to make and enforce federal regulations (e.g., 42 CFR Parts 70 and 71) to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state or possession into any other state or possession. For example, 42 US Code, Sec. 264 enables the President to order a quarantine. Presidential Executive Order 13295, 68 Fed Reg 17255 (2003) and its Amendment (April 1, 2005) specifically list the diseases [cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers; Severe Acute Respiratory Syndrome (SARS); and influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic] for which a person may be quarantined if there is a danger that one of these diseases could spread across state lines (see [Attachment C](#) and [Attachment D](#)).

In general, however, the federal government has only rarely used its power to quarantine persons, and generally works with states to investigate and isolate cases. Instead, Section 311 of the Public Health Service Act. (42 U.S.C. § 243(a)) allows for federal assistance to be provided to state and local authorities in enforcing their health regulations.

Under the 10th Amendment, states have "reserved powers" that include the "police powers." As a result, states have the responsibility to "enact laws...that safeguard the health, welfare, and morals of [their] citizens" - the authority to regulate private interests for the public good. Therefore, states are generally responsible for public health matters within their borders, including laws restricting personal liberty or the ability to work. Such laws underpin the regulations used by state agencies that are responsible for protecting the public health. However, the Centers for Disease Control and Prevention's (CDC) domestic quarantine regulations authorize federal intervention "in

the event of inadequate local control” (see 42 CFR. § 70.2 and 21 CFR. § 1240.30 for additional details).

It should also be noted that there may be additional concerns in applying public health laws to multi-jurisdictional entities (e.g., airports such as Dulles and Reagan National), cross-jurisdictional situations (e.g., Tribal lands, districts bordering on other states or D.C., non-U.S. citizens, etc.), federal facilities (e.g., federal prisons, military bases, national parks), and diplomats/foreign nationals. These may have additional rules or public safety mechanisms and require working with the appropriate authorities to optimize the protection of the citizens of Virginia.

Overview of Virginia’s Communicable Diseases Control Laws

Chapter 2 (Disease Prevention and Control) of Title 32.1 (Health) of the *Code of Virginia* provides the authority for the management of disease in the Commonwealth of Virginia. In seeking to address the many priorities related to the control of disease, Virginia law distinguishes between communicable diseases of public health significance, and communicable diseases of public health threat (see [Glossary of Terms](#)).

Communicable Diseases of Public Health Significance

The methods that may be used by the Commonwealth to manage an individual with a communicable disease of public health significance are outlined in Article 3.01 (§ 32.1-48.01 et seq.) of Chapter 2 of Title 32.1 of the *Code of Virginia*. To involuntarily isolate a person under Article 3.01, evidence must show that the infected person is placing others at risk and that attempts at counseling the infected person to voluntarily modify such behavior have been made and have failed. This would permit the use of emergency or temporary orders of detention, and the State Health Commissioner may petition the court for an order of involuntary isolation of the person, either in the person’s home or in a facility (e.g., hospital or prison), as needed. These procedures are generally adequate for the management of most situations that have occurred in Virginia, such as for the control of tuberculosis.

However, the procedures required under Article 3.01 of Chapter 2 of Title 32.1 of the *Code of Virginia* can take a significant amount of time to implement. These provisions also do not allow for managing persons who may have been exposed and are potentially infectious, but who do not yet have signs or symptoms of disease (i.e., quarantine is not available as a disease control tool for communicable diseases of public health significance). Article 3.01 of Chapter 2 of Title 32.1 can be applied only to individuals. As a result, it does not enable the management of larger numbers of people by defining an affected area. Therefore, the provisions of Article 3.01 of Chapter 2 of Title 32.1 of the *Code of Virginia* would not enable an effective response in the event of an outbreak of severe disease occurring under exceptional circumstances.

Communicable Diseases of Public Health Threat

Virginia law distinguishes a general subset of communicable diseases of public health significance as being communicable diseases of public health threat. Although some infections might fall readily into this category (e.g., viral hemorrhagic fevers, smallpox) a

complete list of these diseases is not possible because agents may be novel (e.g., an emerging pathogen not previously known) or previously known but modified for use as a bio-weapon. Instead, § 32.1-48.06 et seq. of Chapter 2 of Title 32.1 of the *Code of Virginia* specifies that a communicable disease of public health threat is an illness of public health significance that may be readily transmitted from one individual to another and that has a risk of death or significant injury (note however, that the definition explicitly excludes tuberculosis and HIV, unless used as a bioterrorism weapon – see § 32.1-48.06).

In the event that a communicable disease of public health threat occurs, district health departments will make every effort to protect the public health using the least restrictive methods available. This would involve implementing an intensive epidemiologic investigation (as outlined for specific diseases in the VDH *Disease Control Manual*) to define the population at risk to the fullest extent possible and developing interventions, including voluntary isolation and/or quarantine, to prevent the further transmission of the agent. However, should exceptional circumstances exist that may make the measures under Article 3.01 inadequate to control the spread of the disease, then the provisions of Article 3.02 (including isolation and/or quarantine) may be implemented by the State Health Commissioner. Exceptional circumstances that may warrant implementing Article 3.02 of Chapter 2 of Title 32.1 of the *Code of Virginia* may depend upon:

- Characteristics of the disease-causing organism, including:
 - Virulence
 - Route(s) of transmission
 - Incubation period
 - Period of communicability
 - Degree of contact necessary for transmission
 - Minimum infectious dose
 - Efficiency of transmission by asymptomatic exposed persons
 - Rapidity of disease spread
 - The potential for extensive disease spread
 - Efficacy of control measures, and
 - The existence and availability of demonstrated effective treatment;
- Known or suspected risk factors for infection;
- Potential magnitude of the effect of the disease on the health and welfare of the public;
- Extent of voluntary compliance with public health recommendations;
- Experience of other areas (including other states or countries) in the control of the disease; and,
- Other factors that may occur.

These provisions enable the State Health Commissioner to initiate a more rapid response to a communicable disease by:

- Issuing orders to immediately isolate an infected or potentially infected person;
- Issuing orders to immediately quarantine exposed or potentially exposed persons;

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- Issuing orders to isolate and/or quarantine individuals as a group through defining an “affected area” (when a state of emergency has been declared by the Governor for the affected area).

The *Code of Virginia* is available on-line, in searchable format, at:
<http://legis.state.va.us/Laws/CodeofVa.htm>

A summary of mandates required by federal law, state law, contract, or interagency agreement and related to the control of communicable diseases is provided in [Attachment A](#).

Infectious Diseases of Livestock and Poultry

The State Veterinarian, under the Commissioner of Agriculture and Consumer Services and the State Board of Agriculture and Consumer Services, has broad powers for the control of infectious and contagious disease that may affect livestock and poultry. The *Code of Virginia* (§ 3.1-726) authorizes that “such measures shall be taken by the Board or its authorized veterinarian as to them may seem necessary, to eradicate and prevent the spread of such diseases.” Note that, for animals (including companion animals) this could include destruction/depopulation.

In addition, *Code of Virginia* § 3.1-727 states that if a contagious disease is identified in domestic animals or poultry then the State Veterinarian, or an assistant, “may adopt and enforce such quarantine lines and regulations and shall enforce such cleaning and disinfection of premises, cars, or vehicles, as may be deemed necessary to prevent the spread of such disease.” The *Code of Virginia* (§ 3.1-728) further gives the State Veterinarian control of the movement of contagious or potentially contagious animals from a district, premises, or grounds so quarantined, and § 3.1-730 outlines the ability of the State Veterinarian to segregate and care for diseased animals or poultry.

The basic notice of quarantine (§ 3.1-732), the ability of the State Veterinarian to call upon law-enforcement to execute orders (§ 3.1-738), the enforcement by circuit court judges (§ 3.1-738.1), and the penalty for violation (a Class 1 misdemeanor, under § 3.1-733) are all generally outlined in the *Code of Virginia*.

Of particular note, § 3.1-729 provides the State Veterinarian with the power to ‘quarantine’ persons exposed to animal and poultry diseases which may be transmitted by such persons to animals or poultry if the State Veterinarian determines that such quarantine will prevent the spread of such diseases among livestock or poultry.

Therefore, as a result of discussions with the Virginia Department of Agriculture and Consumer Services (VDACS), at the present time it is felt that:

- For communicable diseases that affect only commercial animals, but that may be transmitted by contaminated humans/animals, VDACS would assume primary

- control of the environment, and the individuals (animal or human), that may pose a risk to animal health;
- In the event that individuals (persons or companion animals) could be infected with a communicable disease that represents a threat to agriculture, individuals could be subject to isolation/quarantine/decontamination/treatment through the State Veterinarian. However, co-ordination between VDH and VDACS should occur to ensure adequate management of humans/companion animals;
 - If exotic and/or wild animals may be involved, then the Virginia Department of Game and Inland Fisheries (VDGIF) would participate in the management of the situation.

Of note, the current laws related to the control of infectious or potentially infectious animals (and possibly humans) by the Commissioner of Agriculture and Consumer Services parallel the approach that had until recently been in place for the management of humans. However, the concerns (e.g., lack of due process) relating to the implementation of the previous laws by the State Health Commissioner could similarly apply to the management of human cases (and, perhaps, non-human cases) by the State Veterinarian. Therefore, in the event that a situation exists that could significantly impact agriculture, the restriction of humans or companion animals through the use of the powers of the State Health Commissioner may be preferable as they may be less subject to challenge.

Ethical Principles Related to the Control of a Communicable Disease

When making decisions related to restrictive measures, individual freedoms need to be balanced against the common good of society, and economic losses against the need to contain the spread of a deadly disease. Authorities exercising public health powers will do so in a way that is relevant, legitimate, legal, proportional, necessary, and accountable. They will use the least restrictive methods that are reasonably available to limit individual liberties, and will apply restrictions without discrimination. Voluntary involvement is preferred over compulsory measures, but where compulsion is required, it will meet strict ethical principles around due process and respect for civil liberties. People will be fully informed about issues, including the risks and benefits of public health measures, and the trust of the general public will be maintained through open, factual, and timely communication and planning.

The following rights are recognized for individuals who are known or suspected of having a communicable disease. They are considered basic ethical tenets or privileges:

- Medication will not be physically forced (e.g., by swallowing, injection, etc.) on an individual without consent, except in the case of minors (where parental or guardian consent will be obtained, if appropriate) or companion animals. Note that § 3.1-796-76 of Chapter 27.4 of Title 3.1 of the *Code of Virginia* specifies that a veterinarian can treat, hospitalize, or euthanize a sick animal if the animal's owner cannot be immediately located. Specific authority in the animal laws regarding a situation where the owner is available, but refuses consent for treatment of a sick animal, does not exist. In such a case, the State Health Commissioner has the

authority to isolate and quarantine companion animal(s). Other bodies (e.g., Board of Agriculture and Consumer Services, the State Veterinarian) may have additional authorities.

- All warnings and orders will be written in terminology that is as clear as possible to the layperson. Whenever reasonably possible, orders and instructions will be provided in appropriate languages to persons of limited English proficiency.
- An individual subject to an order has the right to appeal.
- Any action (e.g., an Order of Isolation) will be supported by proper documentation.
- Any individual subject to an order has the right to essential needs that include adequate food, water, shelter, and medical services.
- Any individual subject to an order has the right to be represented by counsel. A person who cannot afford a legal counsel will have one appointed.
- Neither the State Health Commissioner nor any employee of the Virginia Department of Health shall disclose to the public the name of any person reported, isolated, or quarantined, except where revealing private medical information is deemed necessary by the State Health Commissioner to protect the public health.

Overview of Virginia’s Communicable Diseases Control Regulations

The State Board of Health has the responsibility for promulgating regulations pertaining to the reporting and control of diseases of public health importance and to meet any emergency or to prevent a potential emergency caused by a disease dangerous to the public health. The Commonwealth of Virginia State Board of Health *Regulations for Disease Reporting and Control* provide the processes and procedures that fulfill the requirements of the *Code of Virginia* and ensure the uniform reporting of diseases of public health importance occurring within the Commonwealth in order that appropriate control measures may be instituted to interrupt disease transmission.

Part IV of the Regulations (12 VAC 5-90-100 et seq.) outlines the steps, including the documentation, means, delivery, enforcement, monitoring, and provision for essential needs for the isolation and/or quarantine of individuals.

Virginia’s Communicable Diseases of Public Health Threat Regulations of Interest

Section	Points of interest
12 VAC 5-90-20	Authority of the Board of Health to promulgate regulations to control disease
12 VAC 5-90-40	Authority of the State Health Commissioner to require quarantine, isolation, immunization, decontamination or treatment of any individual or group of individuals to control the spread of disease
12 VAC 5-90-90	Requirements for physicians, directors of laboratories and persons in charge of medical facilities for disease reporting
12 VAC 5-90-100	Authority for district health directors to perform contact tracing for persons with communicable diseases and recommend appropriate disease control measures. Methods for application of Article 3.02 of the <i>Code of Virginia</i> if

	voluntary compliance or methods under Article 3.01 unlikely to be effective.
12 VAC 5-90-105	Methods for isolation for a communicable disease of public health threat, including application, documentation, means, delivery, enforcement, health status monitoring, essential needs and release
12 VAC 5-90-110	Methods for quarantine for a communicable disease of public health threat, including application, documentation, means, delivery, enforcement, health status monitoring, essential needs and release

Of note, since communicable diseases of public health threat are a subset of communicable diseases of public health significance, methods that are available for managing a communicable disease of public health significance are still available for district health directors. These include issuing an order to appear for counseling to determine the individual's ability and willingness to comply with a voluntary isolation or quarantine request, or an order to appear for outpatient therapy. However, the authority for issuing mandatory orders (e.g., Order of Isolation, Order of Quarantine, Emergency Detention Order) rests solely with the State Health Commissioner.

The Commonwealth of Virginia State Board of Health *Regulations for Disease Reporting and Control* are available on-line at:
<http://www.vdh.virginia.gov/epi/regs.asp>

Note also that provisions of the State Laws and Regulations may be supplemented by provisions of local health codes.

Overview of Rules of the Supreme Court

The Virginia Supreme Court has promulgated a limited set of rules to specifically address the management of review and appeals, by circuit courts and the Supreme Court, of Orders of Isolation or Orders of Quarantine. These rules generally refer to the *Code of Virginia* to address the process. However, the rules also recognize the potential need to utilize methods to protect the court and the public from exposure, and outline the expedited review process necessary to address the situation.

Virginia's Isolation and Quarantine Rules of the Supreme Court

Section	Points of interest
vscr-3:24	Directs circuit courts to use appropriate sections of the <i>Code of Virginia</i> in managing appeal of an Order of Isolation or an Order of Quarantine Directs circuit courts to use measures to protect court and public from exposure (e.g., use of personal protective equipment, use of teleconferencing)
vscr-5:43	Directs Supreme Court to use appropriate sections of the <i>Code of Virginia</i> in managing appeal of a circuit court Order of

	<p>Isolation or an Order of Quarantine Directs Supreme Court to use measures to protect court and public from exposure (e.g., use of personal protective equipment, use of teleconferencing) Provides detail on expedited review process</p>
vscr-7A:16	<p>Directs general district courts to use appropriate sections of the <i>Code of Virginia</i> in managing an appeal of an Order of Isolation for a communicable disease of public health significance Directs general district courts to use measures to protect court and public from exposure (e.g., use of personal protective equipment, use of teleconferencing)</p>

The Commonwealth of Virginia Rules of the Supreme Court are available on-line at: <http://leg1.state.va.us/000/srs.htm>

Public Health Response to Communicable Diseases of Public Health Threat

The following information is to be used to guide the evaluation of a communicable disease and to determine the methods, including restrictions for individuals or affected areas, that may be needed to control the transmission of the communicable disease.

Identifying and Confirming Communicable Diseases of Public Health Threat

A communicable disease of public health threat is expected to arise from a virulent, highly communicable agent capable of rapid spread and likely having limited treatment options. Some examples of diseases that might fall into this group would be the Centers for Disease Control and Prevention’s Bioterrorism Category A agents such as smallpox, viral hemorrhagic fevers (e.g., Ebola, Marburg), or pneumonic plague. However, other illness, such as pandemic influenza or SARS might also fall into this category.

Depending on the agent and its mode of introduction, the identification of a communicable disease of public health threat may be relatively straightforward (e.g., an astute physician recognizing the disease), or it may require significant time and resources, especially if there are few initial cases.² The first suspicions of a communicable disease of public health threat could come from a hospital laboratory seeing unusual strains of organisms, a hospital infection control practitioner keeping track of hospital admissions, pharmacists distributing more antibiotics than usual, 911 operators noticing an increase in respiratory distress calls, or even funeral directors with increased business. The lag time between exposure and disease development in the index case (i.e., the incubation period), mode(s) of transmission, and complexities of laboratory diagnosis could then present a challenge in source identification and response. Unusual disease occurrences may also signal warnings. For example, even one case of inhalation anthrax should cause immediate concern and action.² Very large numbers of cases of a communicable disease or a large number of persons with similar symptoms could also be an indicator of a public health problem.

If a communicable disease of public health threat is suspected, the possibilities for the source include a spontaneous outbreak of a known disease, a spontaneous outbreak of a new or reemerging disease, a laboratory accident, or an intentional attack with a biological agent. However, the basic epidemiologic approach in the evaluation of a communicable disease of public health threat is not different from any standard epidemiologic investigation. The first step is to use laboratory and clinical findings to confirm that a disease outbreak has occurred. A case definition would be constructed to determine the number of cases. The use of objective criteria in the development of a case definition is very important in determining an accurate count of case numbers, since additional cases may be found and some may be excluded.²

Once the case definition has been determined and case finding is underway, the outbreak can be characterized in the conventional context of time, place, and person.² This and other data from the investigation (e.g., travel and exposure histories) will provide crucial information in determining the potential source(s) of the outbreak.²

As early as possible, even as the cases are identified and investigated, infection control measures will need to be implemented to minimize the spread of the illness. Due to the nature of communicable diseases of public health threat, a wide variety of interventions may need to be considered and rapidly implemented.

Responding to Communicable Diseases of Public Health Threat

Interventions to control the spread of communicable diseases should be undertaken to address the multiplicity and complexity of obstacles involved in managing those who are or may be infected. Depending on the agent, examples of activities that may be implemented in the event of an outbreak of a communicable disease of public health threat could include:

- Primary and secondary preventive interventions:
 - Vaccination
 - Chemoprophylaxis (e.g., antibiotics)
 - Personal protective equipment (PPE) (e.g., masks, gloves, etc.)
- Enhanced disease surveillance and symptom monitoring
- Rapid diagnosis and treatment of ill
- Restrictions on group assembly
- Travel advisories and restrictions (air, rail, water, motor vehicle, and pedestrian)
- Cancellation of public events
- Closure of public places, mass public transit
- “Snow days” – when people are asked to stay at home for a defined period
- Isolation and quarantine – may be modified or complete
- Cordon sanitaire – defining an area infected with disease and restricting travel in or out to prevent a disease from spreading

Additional activities that may be required to support these activities include: refining therapeutic regimen(s) for ill individuals, providing information related to the disease

process and mode of transmission, assessing infection risk within the family and community, resolving communication issues with the affected individuals as well as the community, and enforcing treatment, isolation, and quarantine instructions.

In general, implementing control measures in stages, beginning with less restrictive measures, minimizes social disruption and expense, and allows evaluation of effectiveness. However, some situations may call for the sudden implementation of many measures simultaneously to ensure rapid control. Interventions require planning and monitoring in order to insure the best possible personal health outcome as well as to minimize the risk to the community.

Activities designed to increase social distances (e.g., isolation, quarantine) can be extremely effective methods of decreasing the spread of communicable disease. However, it is important to realize that the use of isolation for ill individuals is likely to be easier than the use of quarantine for potentially-exposed but asymptomatic individuals. For example, people who are symptomatic may be more likely to take precautions to prevent the spread of disease, or may be physically unable to travel. They may also be more easily identified (and avoided) by non-ill individuals.

Significant practical concerns in the decision to use isolation and/or quarantine exist. Therefore, the following issues need to be considered prior to implementing these measures:

- The presence of a dangerous and contagious disease;
- The ability to separate exposed “well” from “ill”;
- The availability of resources to support interventions;
- The implementation of isolation of those who are ill ;
- The availability of medical care;
- The regular monitoring of health status;
- The risk for public panic;
- The ability to ensure meeting essential needs; and,
- That the measures continue only long enough to ensure that an individual is not contagious (e.g., by Virginia law, the length of quarantine is equal to the incubation period of the disease).

A consideration of all of these available responses, including the use of isolation or quarantine, will provide citizens in Virginia with the best possible individual health outcomes, while both protecting the rights of individuals and minimizing the risk of spread of the disease to others to the greatest extent possible.

Organization of the Response

While a very small disease outbreak may be managed locally, the potential for some diseases to spread quickly and cause large numbers of casualties requires that control must be undertaken rapidly and efficiently. Therefore, the basic organization of a response by the Virginia Department of Health (VDH) to an emergency would follow the Incident Command System (ICS).

This isolation and quarantine guidebook and its supporting documents deal mainly with the actual processes used to interrupt the spread of a communicable disease, focusing on the mechanics of implementing isolation and/or quarantine rather than the command structure that would direct these efforts. Other documents, such as the State Emergency Operations Plan (EOP), as well as local plans for the management of communicable diseases of public health threat, will define the various roles and functions that need to be addressed. For example, while the State Health Commissioner has the statutory authority for the management of a communicable disease, the district health director is the district authority designated to act for the State Health Commissioner (Section C of 12VAC5-40-90). This provides district health directors with significant responsibility for managing the control of a communicable disease of public health significance or threat in that district, although the authority for issuing Orders of Isolation, Orders of Quarantine or Emergency Detention Orders remains with the State Health Commissioner. As a result, it is expected that the district health director will play a critical role in the response and may need to serve as the incident commander during an event.

Districts will also utilize their multi-agency, multi-disciplinary Epidemiology Response Teams to ensure adequate planning and training to address communicable diseases of public health threat. Team members may be called upon to play important roles in the response during a real event, including implementing isolation and quarantine.

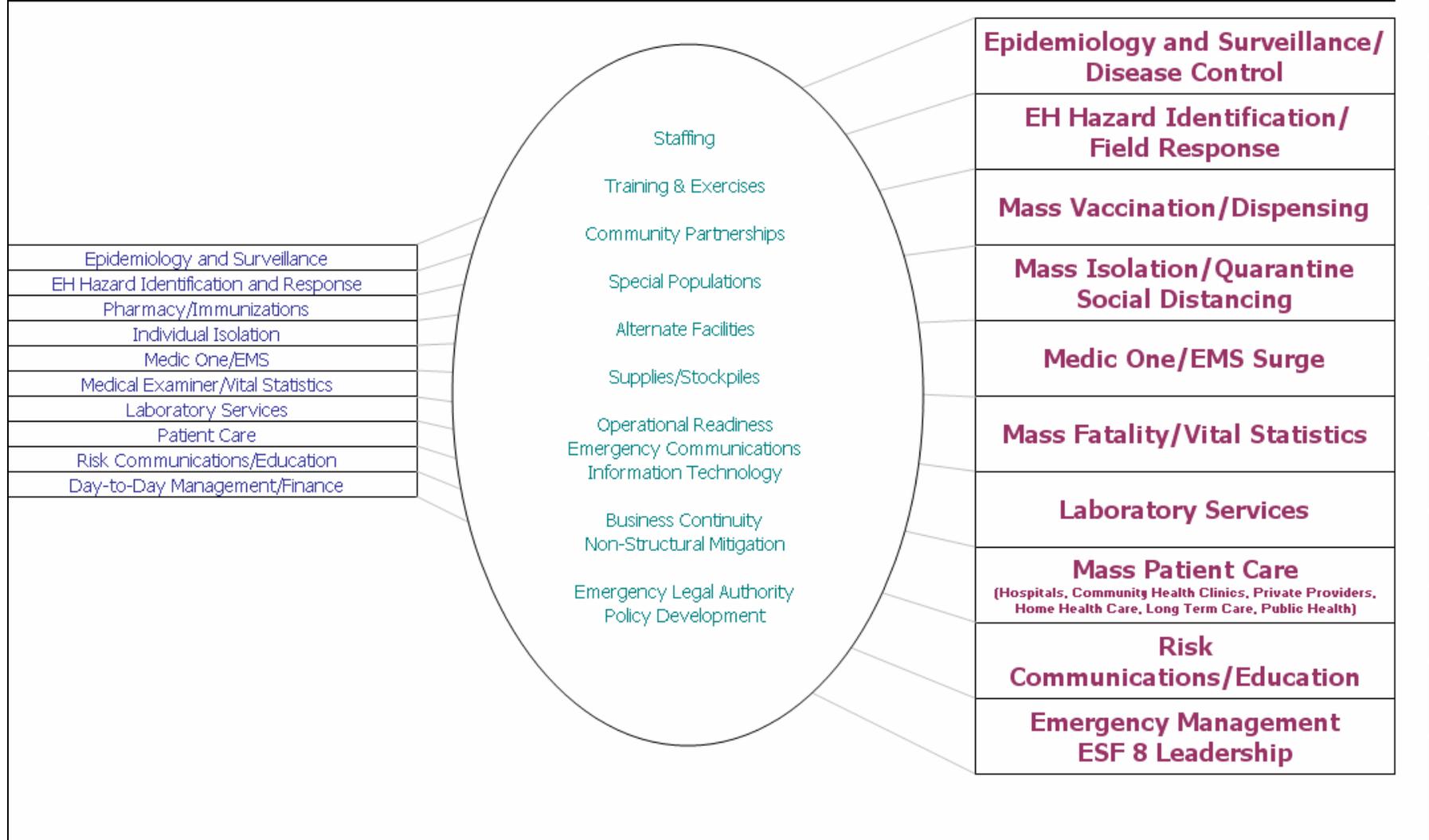
Public Health Preparedness Strategy

Public Health: Anticipate and respond to the public health consequences of local emergencies.

Day to Day Response Functions

+ Preparedness Planning

= Surge Response Capacity



Public Health Preparedness Strategy			
	Core Capability	Capability Components	Surge Response Teams
Epidemiology and Surveillance/ Disease Control	Detect, report, investigate and control an emergent communicable disease outbreaks.	Rapid Disease Outbreak Detection 24/7/365 Surveillance Hotline Systemwide Real Time Data Collection	Case/Contact Surveillance Team Rapid EPI Field Assessment Team
EH Hazard Identification/ Field Response	Detect, report, and mitigate exposure to environmental hazards.	Zoonotic Disease Surveillance System Rapid Food/Water Assessment System Current and Complete HAZ MAT Facts Sheets	County/City EH Liaison Team EH Field Response Team
Mass Vaccination/Dispensing	Dispense medications/vaccinations quickly and on a mass scale.	Medication Center Distribution Postal Service Medication Delivery First Responder Medication Pre-Deployment	Medication Center Activation Team
Mass Isolation/Quarantine Social Distancing	Quarantine/Isolate individuals; monitor their health status daily.	Case Monitoring Call Center Alternate I&Q Facility Legal I&Q Order Templates	Case/Contact Monitoring Call Center Team I&Q Facility Care Team Legal/Law Enforcement Team
Medic One/EMS Surge	Triage, transport and track mass casualties.	Unit/Staff Mobilization Mutual Aid Protocols Hospital Control Communications/Dispatch Plan	Triage Team Medical Support/Transportation Team Morgue Team
Mass Fatality/Vital Statistics	Collect, secure, store, identify, autopsy and certify mass fatalities.	Mass Fatality Management/Cold Storage Capacity Partnerships Hospitals and Funeral Homes Information Sheet: Handling a corpse at home	Site Investigation Team Family Assistance Center Team Processing Surge Team
Laboratory Services	Analyze hazardous substances and biological agents proficiently and quickly.	Biological, Chemical and Radiological Analysis Tools Secure 24/7/365 Communication Links to Other Labs	Analysis Surge Team
Mass Patient Care <small>(Hospitals, Community Health Clinics, Private Providers, Home Health Care, Long Term Care, Public Health)</small>	Stabilize and treat mass casualty incident victims for infectious disease, hazardous exposure, burns, trauma or radiological poisoning.	Uniform Care/Surge Standards Among Hospitals Medical Supplies Management and Distribution System Alternate Field Hospital Plan	Medical Reserve Corp Team Uniform Credentialing System Alternate Site Staffing Team
Risk Communications/Education	Disseminate information about health risks and protective behaviors to the public and key partners.	Joint Information Center Public Information Call Center General/Special Populations Distribution List	Public Information Call Center Team Joint Information Center Team
Emergency Management ESF 8 Leadership	Lead the regional response to health-related emergencies utilizing NIMS.	24/7/365 Duty Officer Notification System Fully Operational Public Health EOC Centralized Health System Control Plan	Public Health EOC Team County/City EOC Liaison Team Health Officer Line of Succession Team

Co-ordination of Virginia-Federal Response

The Centers for Disease Control and Prevention's Washington Quarantine Station is located at Dulles International Airport. Mechanisms are in place for the identification, isolation and quarantine of persons either infected with or exposed to an infectious agent of public health concern arriving within an area under the jurisdiction of the Washington Quarantine Station (i.e., all ports in Washington DC, Maryland, Virginia, and West Virginia).

The Quarantine and Border Health Services officers at the Washington Quarantine Station can impose a federal quarantine order for a limited number of conditions (e.g., as outlined in Presidential Executive Order 13295 and its amendment). In the event that such a condition is known or suspected to be present in a passenger, under an existing Memorandum of Understanding a federal quarantine order will be enforced by officers from various agencies within the Department of Homeland Security (DHS). The enforcement of a federal order by DHS law enforcement resources is likely to be provided by an agency that does not have a large physical presence at a particular port. With a potential limitation on immediately available resources that have the authority to enforce federal quarantine orders, the Quarantine and Border Health Service officers believe that state and local resources may be needed to assist in the control of persons in involuntary quarantine who are intent on leaving the premises. There may also be a need for additional resources to enforce the isolation of ill passengers that have been transported to local hospitals for evaluation and treatment. However, under Commonwealth law, local law enforcement do not have authority to enforce a federal quarantine order.

As a result, in an event where isolation and/or quarantine may become necessary, the Quarantine and Border Health Services officers would confer with local and state health officials on issuing state isolation and/or quarantine orders. Once a state isolation/quarantine order is established, local law enforcement may assist with enforcement.

Implementing the Communicable Diseases of Public Health Threat Control Laws

A. Initial Steps

1. The VDH district health department will be notified of confirmed or suspected cases of reportable conditions as per the *Virginia Regulations for Disease Reporting and Control*. Other sources of notification, such as from a concerned citizen, a CDC Quarantine station, VDACS, etc. could also occur. If reports first come to the regional or central office, the district health departments for the location and residence (if different) of the case will be notified immediately.
2. Upon receipt of such notice the district health director will ensure that members of the public health staff conduct a case follow-up as per established policies and procedures found in the disease-specific section of the *Virginia Disease Control Manual*. This will include:

a) Evaluation of Individuals for a Potential Communicable Disease of Public Health Threat

When a condition that may represent a communicable disease of public health threat is identified, an appropriate, thorough, condition- and situation-specific assessment of all known or suspected cases must be conducted immediately to the fullest extent possible with available resources. Cases will be evaluated for the communicable disease of public health threat according to current medical knowledge, and receive appropriate examination and diagnostic testing as recommended by a licensed physician or an official of the health department. Information may be collected through medical records as well as by interviews with cases and/or healthcare professionals.

The assessment may include considerations of:

- Signs and symptoms of disease;
- Results of examinations and diagnostic testing including, but not limited to: laboratory test results, radiological exams, smear and culture results from clinical samples, and antimicrobial susceptibility results;
- Risk of disease transmission, including degree of contact required, transmissibility to animals, duration of infectiousness, etc.;
- Risk factors for developing disease;
- Previous and/or current medical treatment, including antimicrobials and immunizations;
- The individual's knowledge and understanding of the infection, disease, and infection control methods;

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- Factors potentially associated with adherence, such as socio-cultural barriers, differences in communication, beliefs and/or behaviors, or physical or psychological barriers;
- Resources available for care and treatment, and methods in place to provide for the individual's essential needs; and,
- Planned disposition of a hospitalized patient (if applicable).

Appropriate records of investigations will be maintained. If the need for isolation and/or quarantine may develop, district health department staff can use [Form A](#) (Isolation and Quarantine Record), or a suitable database, to organize and track patient data.

The district health department staff will also identify contacts at risk of disease, determine the risk that contacts may be incubating the disease, and implement measures to protect their health ([Form B](#) – Contact Investigation Form).

Clinical specimens should be sent to the Division of Consolidated Laboratory Services (DCLS) for confirmation of the agent and further analysis. Specimens should be collected and handled appropriately to maintain the chain of custody, with documentation that includes a brief description of the item(s), information relating to the place and time of collection, name or initials of the individual collecting the specimen, each person or entity subsequently having custody of it, date(s) the item(s) were transferred, reason for transfer, agency and case number, and the case's name. Note that, if a law enforcement agency is at the scene, they should initiate the chain of custody form. If law enforcement has not yet been involved, but concerns over the potential for future legal action exist, then law enforcement may be consulted for guidance. Hospital and DCLS laboratory personnel should be alerted whenever a communicable disease of public health threat is suspected to ensure safe specimen processing. DCLS may also be contacted as needed regarding specimen collection, handling, or transport (see [Contacts](#)).

Note that, § 32.1-40 of Chapter 2 of the *Code of Virginia* authorizes the State Health Commissioner, or his designee, to examine and review any medical records maintained by a healthcare provider upon the request of the State Health Commissioner, or his designee, in the course of an investigation of diseases or deaths of public health importance. However, this may require that a formal written request be submitted to the healthcare provider. If a healthcare provider should respond that he/she requires 15 days to act on a request for records, as permitted by § 32.1-127.1:03 of the *Code of Virginia*, then the health department may access these records immediately by sending a VDH

representative to examine and copy the records, as provided for by § 32.1-40 of the *Code of Virginia*.

b) Evaluation of the Threat to the Community

When a condition that could represent a communicable disease of public health threat is suspected or has been identified, the district health director or his/her designee will evaluate the likelihood that the condition may be a threat to the community. This may include a review of specific characteristics of the case, the suspected agent/disease process (e.g., natural distribution of agent, risk factors, virulence, pathogenicity, antimicrobial susceptibility, communicability, etc.), and the measures likely to be needed to control the spread of disease.

Epidemiologic indications suggesting that a communicable disease of public health threat may exist, and/or that exceptional circumstances may be present, include:

- A single case of an uncommon disease (e.g., glanders, smallpox, viral hemorrhagic fever, pulmonary anthrax) or the identification of an uncommon agent (e.g., *Burkholderia pseudomallei*);
- Failure of persons to respond to conventional therapy;
- Similar genetic type among agents isolated from distinct sources at different times or locations;
- Unusual, atypical, genetically engineered, or antiquated strain of an agent (or antibiotic resistance pattern);
- Large numbers of ill persons with a similar disease or syndrome, especially in a discrete population;
- A rapid increase in incidence of disease consistent with a "point source" outbreak;
- Unexplained increase in disease incidence;
- Illness that is unusual in a given population or age group (e.g., an outbreak of measles-like rash in adults);
- Unusual disease presentations;
- Combinations of unusual diseases in the same patient;
- More severe disease than expected for a given pathogen, or unusual route(s) of exposure;
- A disease with an unusual geographic or temporal distribution, limited to a circumscribed geographic area or that is impossible to transmit naturally in the absence of the normal vector for transmission;
- Multiple simultaneous epidemics of different diseases;
- Unusual diseases among animals preceding or coincident with human illness;
- Higher attack rates in those exposed in certain areas (e.g., inside a building if an agent is intentionally released indoors, or lower rates

in those inside a sealed building if an aerosol was released outdoors);

- Claims by a terrorist of the release of a biologic agent; and/or,
- Direct evidence of the release of an agent, through the findings of equipment, by munitions, or by tampering.

Exceptional circumstances, either particular to a case (e.g., laboratory results, findings of non-compliance) or in general (e.g., epi-curve showing a rapid increase in the number of cases) should be documented. Additional details regarding issues to consider in documenting exceptional circumstances are provided in [Attachment E](#)

– Exceptional Circumstances.

c) Notification of Additional Key District Staff

Additional district health department staff who may be critical to the support of the response should be involved as early as possible. This should include epidemiology, environmental, and nursing staff, EP&R staff (e.g., planners), and public information officers. Utilization of an incident command structure will may help to organize the response, and ensure that critical tasks can be considered and addressed.

3. If the VDH central office is not already aware of the known or suspected case(s) of a communicable disease of public health threat, the district health director or his/her designee will contact the Office of Epidemiology Division of Surveillance and Investigation (DSI) regional or central office by the most rapid means available. This would initially involve:

- Immediate telephone, fax, or pager notification of the Office of Epidemiology (Regional Epidemiologist, or Central Office) during normal business hours.
- Notification of the Office of Epidemiology staff (Regional Epidemiologist, or Central Office by the Epi Phone) after business hours and on weekends.
- Submission of appropriate reports (including Epi-1, surveillance forms, and/or laboratory reports).

The Office of Epidemiology will assist in coordinating consultation on the case and methods to control the disease, including medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, inspection and closure of facilities, and the need for isolation or quarantine of the case(s) and/or contact(s) and the degree of compliance expected based on what is known about the individual(s). The Office of Epidemiology may assist in developing the case definition for investigational and monitoring purposes, and may provide additional resources as available.

The Office of Epidemiology will also assist in implementing local and regional surveillance and disease and health management services that comply with clinical protocols and federal, state, regional and local regulations, laws, and guidelines.

4. The Office of Epidemiology will inform the State Health Commissioner, who will consider the appropriate control measures and response, including the potential need for isolation and/or quarantine, and determine the need for further notifications.

The State Health Commissioner may decide to activate the Public Health Emergency Operations Center (EOC) to coordinate the district-wide public health and medical response during an outbreak situation. VDH and all response partners will operate under the Incident Command System (ICS)/National Incident Management System (NIMS) throughout the duration of the isolation and/or quarantine event response.

In the event that a significant number of individuals may require isolation and/or quarantine, the Office of Epidemiology may activate an "Isolation and Quarantine Response Center (IQRC)". The purpose of the IQRC is to:

- 1) To monitor any changes in health status and potential for disease transmission; and,
- 2) To assure compliance with laws stating that Public Health must assure the basic needs of individuals placed in isolation and quarantine are met.

The IQRC would work in conjunction with the Public Health Emergency Operations Center in accordance with ICS/NIMS standard operating procedures, and require a reallocation of staff and other resources.

In the event that the condition may represent a threat to commercial animals (e.g., livestock, poultry) or wildlife, the appropriate agencies (e.g., VDACS, Department of Game and Inland Fisheries) will be notified. If the condition represents a primary threat to animals, the appropriate agency will provide guidance on control measures, including isolation and quarantine procedures.

5. In addition to existing clinical specimens that would be sent to DCLS the district health director, or his/her designee, will collaborate with the individual's medical provider(s) to arrange for additional diagnostic examinations, if needed. Extra precautions may be necessary to ensure

that the chain of custody for specimens that may be used as evidence is maintained.

6. The findings of follow-up investigations will be reported to the district health director in accordance with established policy and procedure.
7. District health departments are responsible for maintaining adequate documentation. Data collection for assessments will be ongoing, systematic, and maintained in a retrievable format that addresses appropriate security, privacy, and medico-legal issues.

Special reporting procedures may be implemented by the central office to optimize district health department resources. Case reports must also be entered by district health department staff into the National Electronic Disease Surveillance System (NEDSS) or another database designated by the Office of Epidemiology.

Note that, in general, e-mail sent within the VDH network (including Fairfax and Arlington health departments) should be secure, but the minimum necessary identifying information should always be used. E-mails containing identifiable patient information should never be sent to individuals outside the VDH network (i.e., addresses that do not follow the pattern of first.lastname@vdh.virginia.gov).

8. The Office of Epidemiology is responsible for ensuring that information is provided to the State Health Commissioner, the CDC, and other local and regional disease control partners, as appropriate. Therefore, regular notification (with additional updates on significant developments, as needed) of the Office of Epidemiology by district health departments on the numbers of individuals under voluntary and involuntary isolation and quarantine, as well as barriers/issues and additional efforts to control the communicable disease of public health threat, will occur.
9. The State Health Commissioner will receive regular updates from the Office of Epidemiology, as well as additional critical information as it becomes available, so that he/she may consider modifying or expanding the disease control measures in place, as well as ensure that other key personnel (e.g., the Governor) remain informed.

B. Isolation and/or Quarantine Considerations

1. The district health department staff will individualize and review the initial plan until it is safe, yet workable for the individual.

In all cases, the least restrictive environment that will achieve the purpose of preventing the transmission of the communicable disease in question will be employed.

2. If isolation and/or quarantine are considered to be a necessary component of the public health response, the district health director or his/her designee will ensure that the rationale, including any exceptional circumstances that exist and the risks associated with not invoking such action, are documented in writing ([Form A](#)). The issues that should be considered include:
 - Type: 'Voluntary' (requested) or Involuntary (ordered): If the assessment of the ill individual or his/her contacts leads district health department staff to believe that the risk of non-compliance with voluntary isolation or quarantine is high, **or** health department staff have determined that seeking voluntary compliance would create a risk of serious harm to others, then in addition to the following considerations, Orders of Isolation or Orders of Quarantine and/or Emergency Detention Orders should be used (see Part E and Part G, respectively);
 - Reason for quarantine/isolation;
 - Clinical evidence, if available, that a case has a communicable disease of public health threat;
 - Contacts or communications VDH has made with outside agencies and individuals related to the case;
 - Requirements of the individual for quarantine/isolation (i.e., permitted and prohibited activities, visitor limitations, appropriate infection control measures, required monitoring such as temperature measurements, what to do if the individual becomes ill, how to acquire basic necessities, instructions on the disinfection or disposal of any personal property of the individual, etc.);
 - Compliance monitoring procedures to be conducted by the district health department;
 - Expected duration of the isolation or quarantine period. Note that, since infectiousness depends on the agent, the host, and available treatment options, how quickly a case's infectiousness resolves may vary from patient to patient. Therefore, decisions about infectiousness may be made on an individual basis;
 - Process for how the individual will be released from isolation and/or quarantine;
 - Point(s) of contact within the health department;
 - Site(s) of isolation/quarantine: the least-restrictive willing site that can safely and hygienically provide for the care of isolated and quarantined individuals; and,
 - Follow-up plans.

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Particular effort should be made to document and demonstrate that the selected site (e.g., residence, healthcare facility, jail or prison, etc.) is the least restrictive facility available that would house the case and/or contacts.

Notes on Site of Isolation/Quarantine

In general, the preferred location for isolation/quarantine (voluntary or ordered) will be the individual's place of residence, or some other residence, especially if:

- Hospital care or other highly skilled medical care is not needed;
- Limited non-compliance with isolation/quarantine would still be effective in limiting spread of the disease;
- Home isolation/quarantine is acceptable to contacts and family/caregivers;
- A stable residential “home base” is available;
- Daily contact (by phone or in-person, as merited) with nursing or other VDH personnel can be maintained;
- Transport to a medical facility in a timely fashion is available, as needed.

However, not every residence will be suitable for isolation or quarantine. A home assessment may be conducted ([Form C](#) – Home Isolation/Quarantine Assessment) to ensure that adequate resources are available for the individual. This assessment should be conducted before the patient occupies the premises and when possible should include an on-site inspection by district health department staff and the case's primary caregiver(s). If district health department staff are unable to perform an assessment by direct inspection it may be acceptable for the assessment to be conducted by report from the primary caregiver(s).

All persons isolated or quarantined in a residence, and all household members who remain in the home while the person is isolated or quarantined, should be provided with the following by the district health department:

- Information about appropriate disease prevention measures;
- Available fact sheets and information about disease-specific infection control measures;
- A reasonable supply of appropriate personal protection equipment, as available; and,
- Information on resources available if the person has trouble meeting their essential needs.

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If home isolation/quarantine is not feasible, the district health director or his/her designee shall identify and designate alternate facilities. In general, centralized isolation/quarantine facilities are preferable if:

- Strict compliance with isolation/quarantine measures is necessary to limit spread;
- Facility-based isolation/quarantine is acceptable to the ill or exposed individuals and their family/caregivers;
- The ill or exposed individuals do not have a stable local residence (travelers, homeless people, etc.);
- An appropriate and stable facility is available;
- Onset of illness is likely to be rapid and require speedy medical follow-up (e.g., medical and laboratory diagnosis, treatment, emergency transport, and clinic or hospital services);
- Contact management is complex (e.g., the number of contacts that need to be tracked is large, or intensity of contact management is high);
- Law enforcement is required to control or protect cases and contacts;
- Cases or contacts are from special populations (e.g., children, disabled, seniors, parolees, others with mandated court or treatment dates, persons with limited English proficiency, transient populations, undocumented immigrants, persons with mental health conditions, etc.). Note: Planning for the accommodation of special needs populations is required under Executive Order #13347 (Individuals with Disabilities in Emergency Preparedness).

If a facility is to be used for the isolation or quarantine of persons, the site must be safely and hygienically maintained with adequate food, clothing, healthcare, and other essential needs ([Attachment F](#) – Facility Infrastructure Considerations). To the extent practicable, the facility should house quarantined persons separately from isolated persons. The health and disease status of any quarantined or isolated persons will need to be monitored regularly to determine if such persons require continued quarantine or isolation, or additional medical care. Methods for ensuring security, including requirements for the validation of movement into and out of the facility, will need to be implemented. If a healthcare facility is used, ensuring the adequacy of isolation and quarantine capacity and practices is primarily the responsibility of the facility.

Options for centralized isolation/quarantine include the use of both existing and temporary structures. Existing structures include community health centers, nursing homes/long-term care facilities, apartments, schools, camps, community halls, banquet facilities, arenas, churches, dormitories, closed hospitals or hospital wards, daycare centers, and hotels/motels. Temporary structures include trailers, barracks, tents, and temporary

shelters available through the state or federal government, such as the National Guard, Army Reserve, etc.

Under § 32.1-48.017 of the *Code of Virginia*, upon the declaration by the Governor of a state of emergency, the State Health Commissioner may require the use of any public or private property, building, or facility to implement any Order of Isolation or Order of Quarantine. Note that this may involve accommodating persons who are employed in, using, or occupying the property, building, or facility and who are not covered by the relevant Order of Isolation or Order of Quarantine. In addition, owners or operators of any property, building, or facility so commandeered are entitled to compensation. Insurance needs may also need to be considered: it should not be assumed that the insurance covering the site for its usual use will extend to cover its use as an emergency medical site. Specifically, fire/damage/theft insurance and site liability insurance may be required.

3. Note that isolation and quarantine may not need to be absolute – modified isolation or quarantine may be used or needed for some situations (e.g., “work quarantine” for healthcare workers and other essential staff; “rolling quarantine” for persons routinely entering areas where they may be exposed, such as dialysis units). The appropriate level of isolation and/or quarantine will be determined by the State Health Commissioner, in consultation with other Virginia Department of Health staff and other agencies (e.g., the CDC).

C. Procedures for Voluntary Isolation and/or Quarantine

1. When voluntary isolation or quarantine is implemented, the district health director will request that individuals (or an adult family member or legal guardian, or the responsible owner of a companion animal) accept and comply with the isolation or quarantine decision.

The district health director, or his/her designee, will provide a written request for voluntary isolation or quarantine to appropriate cases and/or contacts that includes specific information on the reason(s) for isolation/quarantine, the measures to be taken to prevent disease spread, the duration and location of restricted activities, the plans for monitoring the health status and compliance of the individual, as well as the potential consequences if the conditions of the request are violated (see [Form D](#) and [Form E](#), respectively). General information about isolation and quarantine may also be provided ([Attachment G](#) and [Attachment H](#), respectively). Additional information about the disease that the person has or may have contracted (e.g., disease-specific fact sheets) may be provided. The benefits of compliance, and the consequences of non-

compliance, with isolation or quarantine may be reviewed with the individual to facilitate understanding, including that:

- A delay in initiating isolation/quarantine could result in more persons (including family, friends, etc) being exposed to and contracting the disease;
- Movement of the individual from place to place may be necessary (e.g., for testing, detention, hearings), thereby increasing the risk of spread of infection;
- The individual may need to be moved to an isolation or quarantine site which may be less comfortable and provide fewer amenities;
- A delay in treatment may result in a greater severity of long term effects for the individual; and,
- Legal procedures exist for compelling compliance, however public health staff cannot effectively protect patient confidentiality from public inquiry into court proceedings/documents.

2. Methods to be used to increase compliance will include:

- Reviewing the recommendations using ample feedback time and questions to evaluate understanding. Indications that the individual understands the plan are satisfactory recall and verbalization of the intent to adhere to the plan. If there are any issues with the medical treatment plan, consult the physician and problem-solve to meet both the necessary medical treatment goals and the needs of the individual;
- Recommending the use of aids such as pill minders, etc, where appropriate;
- Stressing the importance of taking all medications as prescribed;
- Providing information about changes in signs and symptoms to report;
- Providing at least one contact name and phone number for the person to call;
- Obtaining one or two contact names and phone numbers from the person in case they are not at the designated isolation/quarantine site (e.g., someone who would know if they went to the hospital unexpectedly);
- Stressing the individual's role in adhering to the medical regimen and isolation plan – this will be documented by having the individual sign a copy of the notification ([Form D](#) or [Form E](#));
- Informing the person and family about the control measures to prevent transmission and determining the ones that are needed for a specific person and their environment;
- Discussing activities that the individual can safely do without exposing unexposed people (such as walking outside if it presents no risk) and helping them to cope with issues related to infection control precautions;

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- Identifying acceptable contacts and how to safely accept limited visitors who are approved by the health department. Health department staff will work with the person to determine other ways to maintain contact with significant others who cannot visit until the infectious period is over;
- Listening to concerns and priorities so that the necessary restrictions can be maintained. Any personal and service needs required to support the individual (e.g. grocery shopping, laundry, mail, medical or other appointments, obtaining medication, etc.) will be addressed;
- Providing case management or contact with support agencies, as necessary, to meet psychosocial, emotional, and spiritual needs.

The district health director or his/her designee must ensure that the individual fully understands the benefits and consequences of non-compliance. The individual's ability to speak and understand instructions, including their comprehension of English, their reading level, the presence of a hearing, speech, or learning disability, or other factor that may affect compliance will be considered. To maximize compliance, whenever possible, health department staff will accommodate patient beliefs and needs in planning. Tele-interpreters, 711 Phone Service (for hearing/speech impaired), e-mail, or visual education methods may be needed to promote understanding. Differences between traditional practices and expected health practices may need to be considered, but issues that are not negotiable must be clearly defined.

If a hospitalized person requiring isolation is too ill or otherwise unable to understand the isolation requirement, district health department staff should contact the appropriate medical decision maker for that patient to convey the information. The district health department staff should reinforce the isolation and any quarantine (e.g., for staff) requirements and instructions with the hospital infection control practitioner (ICP).

3. If applicable, the district health director or his/her designee will also consult with hospital staff on plans for a patient's care and management, as well as discharge planning (e.g., notification of the health department of discharge, providing appropriate education and personal protective equipment such as masks, scheduling follow-up by the health department, social services, and other services as needed).
4. In situations where cases or contacts can be isolated or quarantined in their own homes, the district health director or his/her designee will ensure that the individuals are monitored regularly (e.g., daily or more frequently if required) by VDH for the development or progression of signs or symptoms of disease, as well as for compliance, and that the essential needs of the individual are being met. The severity of disease, the scope of the outbreak and the number of staff available to monitor individuals

under isolation/quarantine will determine the methods used to ensure compliance. These methods could include daily phone calls, physical visits, videophone calls, installation of monitoring arm- or leg-band, etc. In general, phone-based monitoring is preferable to home visits (less intrusive, more cost-effective); however, combined methods (e.g., enhancing phone-based monitoring with random home visits) may improve compliance.

If symptoms are not easily detected by lay caregivers, nursing assessment visits may be necessary, depending on the acuity of symptom onset and medical implications of delayed treatment.

5. The isolation or quarantine of an individual may cause the separation of members of families or significant others. As a result, some individuals who are well and unexposed may wish to remain with the isolated or quarantined individuals (e.g., to provide care). These individuals may also need to be considered as contacts, monitored appropriately, and placed under quarantine; they should receive counseling on the potential risks and their responsibilities. In addition, these individuals should receive education on the proper use of personal protective equipment and disease-specific infection control practices. Documentation should be made of their recognition of the risk of illness due to the voluntary exposure, and the acceptance of the potential need to be placed in quarantine or isolation as a result (as authorized by § 32.1-48.07 of the *Code of Virginia*).
6. VDH will work with community resources to assist individuals isolated or quarantined in their homes in obtaining the necessary assistance to meet their essential needs (food shopping, medical appointments, etc.).
7. The following conditions may indicate the need for Orders of Isolation or Orders of Quarantine, and/or Emergency Detention Orders (Part E and Part G, respectively, below):
 - Belief that the individual is likely to fail to submit to treatment, quarantine, or isolation if not immediately restrained;
 - Belief that the individual's failure to submit to treatment, quarantine, or isolation would pose a threat to the public health;
 - Non-compliance with previous public health recommendations.

Note that there are no specific provisions within the *Code of Virginia* that provide law enforcement with the authority to restrain individuals who are not immediately cooperating with voluntary isolation or quarantine. Therefore, if it is suspected that the assistance of law enforcement may be necessary to immediately ensure compliance, then proceeding directly to

Orders of Isolation or Quarantine and Emergency Detention Orders should be considered.

These conditions should be clearly documented in the individual's public health record ([Form A](#)).

8. The Office of Epidemiology and other units of the VDH central office will provide updates to the State Health Commissioner on the incident and on further recommendations in regards to isolation or quarantine restrictions so that the latest information will be available on which to base decisions. The Office of Epidemiology will also communicate with other agencies, both state (e.g., VDACS, OAG) and federal (e.g., CDC) as needed, according to notification/incident command protocols.
9. The Office of the Attorney General will coordinate with the appropriate city or county attorney(s) in case legal assistance related to Orders of Isolation or Orders of Quarantine becomes necessary.
10. In co-ordination with the VDH central office, in addition to informing public health staff (including epidemiologists, public health nursing, planners, administration, and public information officers) the district health director may notify the following local resources of the need for isolation or quarantine.
 - Local government leadership;
 - Hospitals and healthcare providers;
 - Emergency Medical Services (EMS);
 - Local law enforcement;
 - Local media.

Consideration of the specific data to be released to adequately inform decision makers and the public, while protecting case and contact confidentiality, would need to be considered carefully.

11. All follow-up contacts will be documented in accordance with established policies and procedures. If public health staff are unable to contact the individual or if there is apparent non-compliance with the isolation or quarantine request, the public health staff will carefully document their findings and notify the district health director, or his/her designee, immediately.

All staff who may be required to make direct visitations to individuals who may be contagious will receive information regarding the required forms of personal protective equipment (PPE) that must be utilized to reduce their risk of infection. PPE supplies will be made readily available to all staff who may have direct patient contact and will include, but will not be limited

to, the following: respiratory protection, eye protection, gowns, foot protection, and examination gloves, as appropriate.

D. Non-Compliance With Voluntary Isolation or Quarantine

1. Every effort will be made to convince an individual to comply with the isolation or quarantine request of the district health director. VDH staff will identify issues and reasons for non-compliance and will make every attempt to assist the individual in overcoming barriers to voluntary compliance with isolation and/or quarantine.
2. If VDH staff cannot convince a case or contact of the need to strictly comply with the conditions of voluntary isolation or quarantine, as evidenced either from the case's or contact's refusal or by observed or reported actions from others, then the district health director will collaborate with the Office of Epidemiology and the State Health Commissioner to obtain Orders of Isolation or Orders of Quarantine and/or Emergency Detention Orders (Part G, below), as needed.

E. Orders of Isolation or Quarantine

As indicated above (Part B. 2.) the district health director will first consider requesting that individual(s) voluntarily comply with quarantine or isolation recommendations. However, if the assessment of the ill individual or his/her contacts leads district health department staff to believe that the risk of non-compliance with voluntary isolation or quarantine is high, then Orders of Isolation or Orders of Quarantine would be considered. In addition, the need for Emergency Detention Orders (Part G, below) will be considered.

1. Implementation
 - a) In the event that an individual does not comply with voluntary isolation or quarantine, or that the risk of non-compliance may pose a hazard to the public health, the district health director or his/her designee will work with the Office of Epidemiology to present the facts to the State Health Commissioner for preparing an Order of Isolation ([Form F](#)) or an Order of Quarantine ([Form G](#)).

In considering an Order, so that a complete record may be compiled, the State Health Commissioner will require that documentation be submitted or available related to:

- The examination of the case(s) or contact(s);
- The signs and symptoms of disease in the case(s) or contact(s);
- The laboratory test results annexed to the physicians report;

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- The suspicion or confirmation by a licensed physician that the individual is infected or reasonably suspected of being infected with the communicable disease of public health threat;
 - The exposure, or reasonable suspicion of exposure, to a case or situation where the communicable disease of public health threat may have been acquired;
 - Specific exceptional circumstances that make isolation or quarantine necessary ([Attachment E](#) – Exceptional Circumstances);
 - The district health director's consultations (e.g., documented in the record, e-mails, etc) with the central office as to the most appropriate measure of control and that the need for isolation and quarantine is agreed upon to protect the public health;
 - Attempts at gaining voluntary cooperation and the individual's refusal, or their agreement to comply with isolation and quarantine, and evidence of non-compliance with voluntary measures, if applicable;
 - Counseling provided on the importance of complying with voluntary isolation or quarantine through direct verbal communication;
 - Written communication stating the public health benefits of compliance and the consequences of non-compliance;
 - Any additional steps taken by the district health department or other parties to support the individual's compliance with voluntary isolation or quarantine;
 - The proposed site of involuntary isolation/quarantine, as well as the methods to be used to monitor the individual and to enforce compliance; and,
 - Available documentation that the proposed methods are considered to be the least restrictive means available that will effectively protect the public health.
- b) The State Health Commissioner, after conferring with the district health director and the Office of Epidemiology, and after the appropriate consultation with other agencies (e.g., the Office of the Attorney General, the State Veterinarian), may then determine that voluntary isolation or quarantine has not been effective. In considering the use of involuntary isolation or quarantine, the State Health Commissioner will ensure that:
- Unrestricted movement by the individual or an individual's contacts constitutes a threat to the public health;
 - Isolation or quarantine is required and is an appropriate public health control measure for the communicable disease;
 - Isolation or quarantine are necessary and will occur in the least restrictive environment that will achieve the purpose of preventing transmission of the communicable disease and that protects the public.

The State Health Commissioner will also consider the need for issuing an Emergency Detention Order (Part G, below) in conjunction with the Order of Isolation or Order of Quarantine.

Clarification: The State Health Commissioner may isolate or quarantine one or more individuals as needed. In general, each individual requires preparation of a separate order, even if each individual is part of a larger identifiable group. The State Health Commissioner may isolate or quarantine groups of individuals without having to issue an order that identifies each individual only if the Governor declares a state of emergency for a part or the whole of the Commonwealth. Only then can the individuals in one or more affected areas (e.g., building, neighborhood, city, etc.) be isolated or quarantined as a group (see E.5. Affected Areas, below).

- c) The Office of Epidemiology will prepare the Order(s) of Isolation and/or Order(s) of Quarantine for the State Health Commissioner's review and signature. This order will contain sufficient information to:
- Identify the person subject to the order;
 - Identify the site of isolation or quarantine;
 - Specify the date and time that the order takes effect;
 - Identify the communicable disease of public health threat or the suspected communicable disease of public health threat;
 - Specify the basis for the order, including the exceptional circumstances that exist and the need for isolation or quarantine to contain the transmission of the disease;
 - Specify the necessary restrictions on activities, and any conditions of the order;
 - Provide the duration of isolation or quarantine period, and conditions for termination of the order;
 - Provide timely opportunities, if not readily available under the circumstances, for the person or persons who are subject to the order to notify employers, next of kin, or legally authorized representatives, and the attorneys of their choice of the situation;
 - Specify the penalty or penalties that may be imposed for noncompliance with the order;
 - Include a copy of § 32.1-48.010 or § 32.1-48.013 of Chapter 2 of Title 32.1 of the *Code of Virginia*, to inform any person or persons subject to an Order of Isolation or an Order of Quarantine (respectively) of the right to seek judicial review of the order;
 - Identify persons, including healthcare professionals, who are authorized to enter the premises of isolation or quarantine; and,
 - For an Order of Isolation or an Order of Quarantine for an affected area, a clear definition of the geographic/temporal parameters.

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For an Order of Isolation, the duration of effect shall be consistent with the known period of communicability of the communicable disease of public health threat or, if the course of the disease is unknown or uncertain, for a period anticipated as being consistent with the period of communicability of other similar infectious agents.

For an Order of Quarantine, the duration of effect will be consistent with the known incubation period of the communicable disease of public health threat or, if the incubation period is unknown or uncertain, for a period anticipated as being consistent with the incubation period for other similar infectious agents.

Note: it may also be desirable to do a combined order that specifies that if an individual subject to an Order of Quarantine develops signs and/or symptoms consistent with the communicable disease of public health threat, then the conditions of an Order of Isolation will take effect. This would require that all of the elements required in the statute could be set forth in the order. Therefore, if the person is not ill, enough specifics about the disease would have to be known to set forth the appropriate conditions. The decision on the likely efficiency of the use of combined orders would be decided in consultation between the local health department, the Office of Epidemiology, and the Office of the Attorney General, at the time of the event.

- d) The Office of Epidemiology will deliver the signed order(s) to the local health department where the individual is located. It is expected that the most efficient approach will be to e-mail it to a designated local health department representative (e.g., district health director, infectious diseases nurse, district epidemiologist, etc.). Due to security concerns, documents containing protected health information may only be sent within the Virginia Department of Health system.
- e) The district health director, in addition to informing public health staff (including epidemiologists, public health nursing, planners, administration, and public information officers) will insure that the following local resources remain aware of the implementation of isolation or quarantine:
 - Local government officials;
 - Hospitals and healthcare providers;
 - Emergency Medical Services (EMS);
 - Local law enforcement; and,
 - Local media.

- f) When applicable, options to consider when an individual is unable to pay for treatment/hospitalization related to the public health response may include:
- Involve social services to identify programs (e.g., Medicaid, Medicare) that might be available to assist the individual.
 - Engage in contingency response planning with regional coalitions to use some of the funds received through preparedness development.
 - Determine if the city or town has any local emergency funds that could be used.
 - Negotiate with the hospital, where the patient may go, to provide free care.

2. Delivery

- a) Following receipt of the order(s) from the Office of Epidemiology, the district health director or his/her designee will ensure the delivery, by an appropriate party, of the order(s) to the individual(s) (or an adult family member or legal guardian, or the responsible owner of a companion animal) to the extent practicable.

In general, it is recommended that the health department request that the law enforcement agency that has jurisdiction in the city or county where the individual resides should be requested to deliver the order(s).

The district health director may dispatch a VDH representative with the law enforcement officer to assist in answering medically-related questions as needed. The district health director or his/her designee will ensure that the law enforcement officer delivering the order(s) and/or public health personnel are informed of the potential risk of exposure to a communicable disease and have the appropriate information on personal protective equipment necessary to safely deliver the order(s).

Note on Delivery of Orders:

Per the *Code of Virginia* (§ 8.01-293), the following persons are authorized to serve process:

1. The sheriff within the political subdivision in which he/she serves and in any contiguous county or city; or,
2. Any person of age 18 years or older and who is not a party or otherwise interested in the subject matter in controversy.

However, in contrast to court orders that could not be served by individuals, such as health department staff, who might be considered a party or otherwise interested in the subject matter in controversy, the Office of the Attorney General considers that administrative orders from the State Health Commissioner may be delivered by health department staff.

As stated in the *Code of Virginia* (§ 15.2-1704), police officers have no authority in civil matters, except in certain specific circumstances (e.g., emergency custody due to mental illness); as a result, they could refuse to deliver Orders of Isolation or Quarantine. However, *Code of Virginia* § 32.1-48.014 states that law enforcement (including police officers) may act on Emergency Detention Orders (see G, below) and they may enforce Orders of Isolation or Quarantine. Future amendments of the appropriate sections of the *Code of Virginia* may be necessary for clarification of the role of local/state police in the delivery and enforcement of Orders of Isolation/Quarantine and Emergency Detention Orders.

Note on Privacy: The release of protected health information is governed by both Federal and state law. However, the Office of the Attorney General has determined that the *Code of Virginia* § 32.1-116.3 requires disclosure of a potential risk of exposure to public safety personnel and EMS agencies. In addition, *Code of Virginia* § 32.1-116.3(G) requires any person requesting or requiring any employee of a public safety agency to arrest, transfer, or otherwise exercise custodial supervision over an individual subject to an Order of Isolation or an Order of Quarantine to inform such public safety employee of a potential risk of exposure to a communicable disease. *Code of Virginia* § 32.1-116.3(C) and (E) address the sharing of information with emergency medical services agencies. Neither public safety nor emergency medical services personnel shall re-disclose the information [*Code of Virginia* § 32.1-116.3(l)].

However, the release of protected health information should always be limited to those with a need to know, and limited to the minimum necessary to carry out the intended purpose. In addition, individuals who receive protected health information may use the information only for the purposes for which it was engaged and safeguard the information from misuse; as required under the *Code of Virginia* § 32.1-41, any person to whom a patient's identity is divulged shall preserve the patient's anonymity. All disclosures should be documented (i.e., date, public health information disclosed, identity of the recipient of the disclosure, and the purpose of the disclosure) in the Isolation and Quarantine Record ([Form A](#)).

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b) In addition, district health department staff will notify the following, as necessary:

- Police Department that has jurisdiction over where the individual lives;
- Police Department that has jurisdiction over where the individual will be isolated/quarantined (if different from above);
- County Sheriff's Office;
- Dispatch Centers;
- The facility of isolation/quarantine (if applicable).

Note: as above (E.2.a) the disclosure of protected health information should be done only as absolutely necessary, should be the minimum information necessary to ensure the successful delivery of the orders and the safety of the public and law enforcement, and should be appropriately documented in the Isolation and Quarantine Record ([Form A](#)).

c) Upon delivery of the order(s), the order(s) will be reviewed with the individual to the extent necessary and practicable, and the individual(s) will be notified that they have the right to the following:

- The right to a court hearing;
- The right to counsel;
- The right to participate in court and confront all witnesses;
- If the patient has legal counsel, then he or she will have an opportunity to contact that counsel for assistance;
- If the patient cannot afford counsel, the Court will appoint counsel;
- The right to appeal a ruling of the court (however, during the appeal process the order remains in effect);

Note: Ensuring access to an attorney may eliminate the need for a court appearance by the individual. In addition, it may avoid a polarization of interests (e.g., if the individual is represented by a lawyer, the individual may feel less oppositional, and the lawyer may be helpful in convincing the individual to comply).

The original order should be given to the individual subject to the order. A copy of the order should be signed by the individual and maintained on file at VDH.

d) If an Order of Isolation or an Order of Quarantine specifies the place of confinement as a location other than a place of residence, such as a healthcare facility, jail, an apartment building, or a hotel, then the individual subject to the order may be transported to the appropriate site for admission as directed by the order. The district health director,

or his/her designee, will notify the person in charge of the facility of the health order and the anticipated arrival of the individual to be isolated/quarantined. During off-hours or on weekends or holidays, the administrator on call will be notified.

- e) If, in the opinion of the State Health Commissioner, the number of persons affected by Orders of Isolation or Orders of Quarantine is too great to make delivery of copies of the orders to each person possible in a timely manner then the State Health Commissioner shall cause the orders to be communicated by print, radio, television, internet, and/or other available means (e.g., reverse 911) to those affected (see also E. 5. Affected Areas, below).

However, these method(s) of communication would also have to provide persons subject to the orders with a copy of § 32.1-48.013 or § 32.1-48.010 (as appropriate) of the *Code of Virginia*, and/or direct persons to a location, a website, or publication such as a newspaper, where they may obtain this information.

- f) The Attorney General may provide copies of order(s) to the appropriate city/county attorney's and the appropriate Commonwealth Attorney's Offices.

3. Monitoring

- a) The district health director, or his/her designee, will ensure that the individual subject to an Order of Isolation or an Order of Quarantine is contacted regularly (e.g., daily or more frequently if required) by VDH to monitor the health and disease status and to determine if such persons require continued isolation or quarantine, alteration of their status from quarantine to isolation, and their compliance with the order. Attempts to contact the individual, successful and unsuccessful, will be documented in district health department files (e.g., [Form A](#)).
- b) Upon determining that any individual under an Order of Quarantine can be reasonably believed to be infected with a communicable disease of public health threat and infectious, the individual shall be promptly removed from quarantine and placed in isolation. This requires that an Order of Isolation be prepared with the appropriate health status information, signed by the State Health Commissioner, and delivered to the individual.
- c) VDH will also be responsible for ensuring that patients obtain the necessary assistance to meet their essential needs (food, medical appointments, etc.) if they are isolated or quarantined in a residence or other non-healthcare facility.

- d) The VDH central office and the State Health Commissioner's Office will work with the Office of the Attorney to ensure compliance with the requirements of Virginia and U.S. law and regulations.

4. Essential Needs

- a) When ordering isolation or quarantine, VDH is responsible for ensuring that the individual's essential needs are met to the extent practicable. The district health department shall manage the isolation or quarantine, in conjunction with local emergency management resources, such that individual essential needs can be addressed. If the site of isolation or quarantine is not in a residence or healthcare facility, then VDH will ensure that the place of confinement is safely and hygienically maintained with adequate food, clothing, healthcare, and other essential needs.
- b) The individual under isolation or quarantine is responsible for covering these expenses related to their essential needs. The district health director or his/her designee should consider utilizing the following organizations to assist in caring for and providing for the individual placed in isolation or quarantine:
 - Virginia Department of Social Services and local social services departments;
 - The American Red Cross;
 - The Salvation Army;
 - Faith-based organizations;
 - Volunteer agencies (e.g., fire department volunteers);
 - Taxis and other volunteers for transportation;
 - Home healthcare services;
 - Grocery stores or restaurants that deliver;
 - 2-1-1 Virginia (toll-free number for information on available community services);
 - Other community-based organizations.

Family, friends, and/or neighbors of individual placed in isolation/quarantine may also be significant resources in caring for individuals.

In working with other agencies or citizens, the health department will maintain the confidentiality of the individual unless permission to release health information has been obtained from the individual or their guardian. However, persons working with individuals under isolation or quarantine should be made aware of the potential risk of exposure to a communicable disease and should have the appropriate

information on personal protective equipment and infection control practices necessary to safely provide for the individual's essential needs.

5. Affected Areas – State of Emergency

- a) To protect as many people as possible using the least restrictive means, and to optimize the use of resources, in some situations it may be necessary to identify individuals within a geographic area as the subjects of isolation or quarantine. This may be due to the nature of the disease exposure that has occurred, the broad occurrence of disease, or the widespread risk of disease (i.e., the disease or exposure may not be confined to specific groups of individuals).

However, while the *Code of Virginia* (§ 32.1-48.015) does allow the State Health Commissioner or his designee (as a public health authority) to disclose protected health information when necessary under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this should be done only as absolutely necessary to ensure the safety of the public.

- b) If the assessment of the individuals in the affected area(s) leads district health department staff to believe that the risk of non-compliance with voluntary isolation or quarantine is high, then Orders of Isolation or Orders of Quarantine and/or Emergency Detention Orders may be considered (Part C, above, and Part G, below, respectively).
- c) However, the State Health Commissioner may issue Orders of Isolation or Orders of Quarantine for one or more geographic areas, rather than individually, ONLY if the Governor first declares a state of emergency for the affected area(s). Affected area(s) may include buildings, facilities, towns, districts, counties, or the entire Commonwealth of Virginia.
- d) Orders of Isolation or Orders of Quarantine applied to affected areas require, in addition to the state of emergency, that the same conditions be met as for individual Orders of Isolation or Orders of Quarantine:
- i) Individuals within the affected area are known or reasonably suspected to have been exposed or infected with a communicable disease of public health threat;
 - ii) Exceptional circumstances make the usual control measures insufficient, or individuals have failed or may fail or have refused to comply voluntarily with control measures directed by the State Health Commissioner; and,

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- iii) Isolation and/or quarantine are the necessary means to contain the communicable disease of public health threat.
- e) In order to deliver notification of Orders of Isolation or Orders of Quarantine in a timely manner, the State Health Commissioner shall cause the orders to be communicated to the persons located in the affected area by print, radio, television, internet, and/or other available means (e.g., reverse 911).

However, these method(s) of communication would also have to provide persons subject to the orders with a copy of § 32.1-48.013 or § 32.1-48.010 (as appropriate) of the *Code of Virginia*, and/or direct persons to a location, a website, or publication such as a newspaper, where they may obtain this information.

- f) If an area is under a state of emergency, existing emergency protocols pursuant to the *Commonwealth of Virginia Emergency Services and Disaster Law of 2000* (§ 44-146.13 et seq. Chapter 3.2 of Title 44 of the *Code of Virginia*) shall be utilized for mobilizing appropriate resources to ensure that the essential needs of individuals, including those under Orders of Isolation and/or Orders of Quarantine, are met.
- g) The district health department staff will assist in detecting changes that may be made to the geographic boundaries of the affected areas, such as by using epidemiologic studies to identify risk factors (e.g., location and time frame of exposure, possible vehicle of exposure) that may exclude some individuals from isolation or quarantine, or detect the spread of disease so that other areas may be included. District health department staff will work with the Division of Surveillance and Investigation and others (e.g., Emergency Preparedness and Response) to provide regular updates to the State Health Commissioner so that the State Health Commissioner may ensure that the latest information is communicated to those in the affected area(s).
- h) As previously noted, in the event of a state of emergency, the State Health Commissioner, acting in concert with the Governor, may also require the use of any public or private property, building or facility to implement any order of quarantine or order of isolation, per § 32.1-48.017 of the *Code of Virginia*. The district health department staff will document the available resources for the management of persons under Orders of Isolation or Orders of Quarantine, and that the use of the property, building or facility is necessary and appropriate to enforce these orders in the least restrictive environment. In addition, the State Health Commissioner will arrange for having accommodations made for persons connected to the properties who are not covered by the relevant order of quarantine or order of isolation.

F. *Ex-parte* court review of order(s)

As soon as practicable following the issuance of an Order of Isolation or an Order of Quarantine, the State Health Commissioner will work with the Office of the Attorney General to file a petition in the circuit court for the city or county in which the person or persons resides (or in the case of an affected area, in the circuit court of the affected jurisdiction or jurisdictions) seeking *ex parte* review and confirmation/extension of the order(s). Note: the current statutes do not work if the person is from out-of-state or from a foreign country (as no Virginia circuit court exists where they “reside”) and may even be complicated in the management of Virginia residents (e.g., if individuals need to be transported to other jurisdictions). As a result, this statute requires future amendment to enable addressing these issues.

The State Health Commissioner will consider which parts, if any, of the order should be filed under seal to prevent public disclosure of the information that could exacerbate the public health threat or compromise a criminal investigation or national security. After reviewing any information filed under seal, the court shall re-seal the relevant materials except where disclosure is necessary to protect the public health and safety.

The petition shall include:

- a. A copy of the Order or all information contained in the State Health Commissioner's Order of Isolation or Order of Quarantine in some other format; and,
- b. A summary of the findings that the State Health Commissioner relied upon in deciding to issue the Order of Isolation or Order of Quarantine.

Pertinent basic medical information resources should be available in the event that the judge requires further information concerning the communicable disease of public health threat.

Note: *Code of Virginia* § 32.1-48.09(H) and 32.1-48.012(H) state that the Commissioner may seal orders only if the information would “exacerbate the public health threat or compromise any current or future criminal investigation or compromise national security.” A court may reseal the information to “the extent necessary to protect public health and safety.” *Id.* These provisions do **not** include the authority to seal the orders to protect the general privacy of the individual. Therefore, the State Health Commissioner would likely request sealing the information on the basis that the public health threat may be exacerbated by a reluctance of infected individuals or contacts presenting as a result of privacy concerns. This decision would depend on the disease at issue and other circumstances.

The State Health Commissioner would not need to appear in the Circuit Court for the *ex parte* review. However, the district health director or another VDH representative would be needed to appear as expert testimony on the necessity of isolation/quarantine. The appearance of experts could occur by video or telephone. In addition, authenticated documentation of the State Health Commissioner's decision is necessary in order that the decision not be considered hearsay (*Code of Virginia* § 8.01-390).

G. Emergency Detention Order

An Emergency Detention Order is servable and enforceable by law enforcement agencies (including police, sheriffs, etc.) and requires that the individuals be taken immediately into custody by law enforcement agencies and detained for the duration of the order.

1. Per *Code of Virginia* § 32.1-48.014, upon finding that there is probable cause to believe that any individual who is subject to an Order of Isolation or Order of Quarantine may fail or has failed to comply with such order, the State Health Commissioner, working with the Attorney General's Office, may issue an Emergency Detention Order ([Form H](#)).

The district health director or his/her designee will alert local law enforcement to be prepared for delivering the forthcoming order. The district health director will also identify a place of confinement for the person who is the subject of the Emergency Detention Order.

2. The Emergency Detention Order should contain the following information:
 - The name of the person being issued the Emergency Detention Order and the appropriate additional identifying information (e.g., address, date of birth);
 - The basis on which the State Health Commissioner believes that the person is unwilling or unable to adhere to a prescribed course of treatment, including the requirements of isolation or quarantine, and would engage or has engaged in conduct that unreasonably places uninfected persons at risk of the communicable disease of public health threat;
 - The location of detention, the responsible individual at the location of detention, and the appropriate contact information; and,
 - The local health department contact responsible for the case, and their contact information.

The location of the detention will be the least restrictive willing facility (including, but not limited to, healthcare facilities, jails, or prisons) as identified by the district health department that can provide any required health care or other services, that prevents further transmission of the communicable disease of public health threat to unexposed individuals

and where staff are aware of proper personal protective measures that need to be taken.

The duration of the Emergency Detention Order may be for duration of the Order of Isolation or Order of Quarantine.

3. The law enforcement agency that has jurisdiction in the city or county where the patient resides or is located will be requested to serve all detention orders. The district health director or his/her designee will contact the 911 Center when the Emergency Detention Order is completed, and have law enforcement dispatched to detain the individual(s). Confirmation to VDH of the detention of the individual by the law enforcement agency may be through [Form I](#) (Notification of Receipt of Individual by Police Officer). The district health director or his/her designee will ensure that the law enforcement officers serving the order are informed of the potential risk of exposure to a communicable disease and have the appropriate information on personal protective equipment necessary to safely serve the order(s).

H. Appeal

1. Any individual subject to an Order of Isolation or an Order of Quarantine may file an appeal of the order, in writing, in the circuit court for the city or county in which the subject of the order resides. Individuals subject to an Order of Isolation or an Order of Quarantine applied to an affected area may file an appeal of the order in the circuit court for the jurisdiction or jurisdictions for any affected area – however, the court may consolidate the cases into a single proceeding. The petition for the appeal will then be served upon the State Health Commissioner or his/her legal representative.

Note that the submission of an appeal of an Order of Isolation or an Order of Quarantine DOES NOT stay the order – the order remains effective until the appeal is reviewed by the court and the order is vacated.

2. The court will hear appeals of Orders of Isolation or Orders of Quarantine within 48 hours. However, if the 48-hour period terminates on a day on which the court is lawfully closed, the hearing shall be held on the next day that the court is lawfully open. In extraordinary circumstances, the State Health Commissioner may request a continuance of the hearing.

The State Health Commissioner, or his/her representative, shall submit a copy of the Order of Isolation or Order of Quarantine together with a record of supporting documents and memoranda to the Court.

3. Prior to the court hearing, the State Health Commissioner will coordinate with the district health director, the Office of the Attorney General, and the consulting physician to ensure that the following are properly documented and available, including:
 - Information on the disease, including the agent, how it is transmitted, the known or suspected incubation period, the known or expected duration of illness and communicability, and treatment and/or prevention options;
 - Evidence that demonstrates the need for the Order of Isolation or Order of Quarantine (e.g., medical records indicating infection with the agent, documentation that voluntary isolation or quarantine failed);
 - Evidence that isolation or quarantine are necessary and are in the least restrictive environment necessary to control the spread of the disease of public health threat; and,
 - Information demonstrating that VDH can provide or coordinate adequate care and treatment for the individual placed in isolation or quarantine.
4. Expert testimony on the disease would be necessary. This is most likely to require the involvement of local health department staff with intimate knowledge of the facts. As a result, the district health director, as well as members of the district health department staff, may be required to attend the court hearing to testify to the need for isolation or quarantine of the individual(s). In addition, the State Health Commissioner, or his/her representative, may be required to attend the court hearing. Other VDH staff may also need to appear in court to provide testimony that supports the need for isolation and quarantine. Staff testimony will be determined on a case-by-case basis.
5. The hearing will review the factual issues raised to determine if the individual(s) should continue in isolation or quarantine, or if not found to be a public risk, released.
 - If the appeal is not successful, and the court finds that the individual is properly the subject of the Order of Isolation or Order of Quarantine, the individual will continue under the conditions specified by the order (unless modified by the court). While the individual may file an appeal to the Supreme Court of Virginia for an expedited review, the individual will remain under the Order of Isolation or Order of Quarantine for the duration of the order or until the patient is no longer considered to be at risk of transmitting the disease to others, or of developing the disease, or the Supreme Court of Virginia vacates the order. The determination of whether the patient is contagious will be made by the State Health Commissioner, in collaboration with consulting physician(s) and the district health director.

- If the patient demonstrates to the court's satisfaction that he or she is not properly subject to the order, then the order will be immediately vacated and the person shall be immediately released UNLESS the order to vacate the Order of Isolation or Order of Quarantine is stayed by the filing by the State Health Commissioner of an appeal to the Supreme Court of Virginia and an expedited review.
- As provided in the *Rules of the Virginia Supreme Court* (§ vs-cr-3:24, C.) the circuit court shall hold hearings in a manner to protect the health and safety of individuals subject to any such order of quarantine or isolation, court personnel, counsel, witnesses, and the general public. To this end, the circuit court may take measures including, but not limited to, ordering the hearing to be held by telephone or video conference, or ordering those present to take appropriate precautions, including wearing personal protective equipment.
- An appeal to the Virginia Supreme Court of a circuit court decision may occur as provided in the *Rules of the Virginia Supreme Court* (§ vs-cr-4:43, D.). Unless otherwise ordered by the Supreme Court, after the filing of a petition for appeal, 48 hours shall be allowed for the filing of a brief in opposition. However, the Supreme Court may employ the expedited review provision in § vs-cr-5:18(c). The Supreme Court shall act upon the petition within 72 hours of its filing. Should the Supreme Court grant a writ, the Supreme Court may permit oral argument within 48 hours of granting the writ. The Supreme Court will issue an order within 24 hours of the argument or of its review of the case without oral argument. The Supreme Court has the authority to alter these time frames in any case.

The Supreme Court shall hold any oral argument in appeals in a manner so as to protect the health and safety of individuals subject to any order of quarantine or isolation, court personnel, counsel, and the general public. To this end, the Supreme Court may take measures including, but not limited to, ordering any oral argument to be held by telephone or video conference, or ordering those present to take appropriate precautions, including wearing personal protective equipment. If necessary, the court may dispense with oral argument.

6. Of note, a process for the appeal of an Emergency Detention Order is not outlined in the *Code of Virginia*, and may need to be addressed through future amendments.

I. Extension of Order

An Order of Isolation may be extended if, in the opinion of the State Health Commissioner, the rationale for the initial Order remains valid (e.g., the individual is infected with a disease of public health threat, exceptional circumstances continue to exist, voluntary compliance is unlikely, etc.). The extension would take the form of a new Order of Isolation, and would be subject to the same process (including *ex parte* review, appeal, etc.) as the original Order.

An Order of Quarantine may need to be extended if, in the opinion of the State Health Commissioner, the rationale for the initial Order has changed (e.g., the incubation period for the disease of public health threat is found to be longer than previously known, the individual has been exposed to a new case of the communicable disease of public health threat and is susceptible to infection, etc.). The extension would take the form of a new Order of Quarantine, and would be subject to the same process (including *ex parte* review, appeal, etc.) as the original Order.

J. Amendment of Order

An Order of Isolation, Order of Quarantine, or an Emergency Detention Order may possibly be amended to address new or evolving issues. These issues are likely to be small corrections or updates, rather than substantial changes. The mechanism for documenting and delivering amendments to orders would likely be comparable to developing and delivering the original order.

K. Law Enforcement and Court Facilities Considerations

1. Orders of Isolation or Orders of Quarantine are enforceable by law enforcement agencies, including police and sheriff.
2. Per §32.1-48.014 of the *Code of Virginia*, willful violation of or refusal to comply with a health order is a class 1 misdemeanor (with a punishment, upon conviction thereof, of not more than 12 months in jail, a fine of up to \$2,500, either or both [as defined in §18.2-11(a) of the *Code of Virginia*]). In addition, per § 32.1-27 of the *Code of Virginia* a person may also be subject to an injunction or other remedy. Any persons violating or failing, neglecting, or refusing to obey any injunction or other remedy shall be subject, in the discretion of the court, to a civil penalty not to exceed \$25,000 for each violation.
3. Determining the level of physical force that is appropriate depends on the situation, and it may be impossible to dictate in advance how much force can be used. A determination of reasonable force is a factual determination to be made by the jury. In *Parker v. McCoy*, 212 Va. 808, 813, 188 S.E.2d 222 (1972) the Court stated that “in making an arrest under lawful authority, . . . [a police] officer is within reasonable limits the judge of the force necessary under the circumstances, and he cannot be

found guilty of any wrong, unless he arbitrarily abuses the power conferred upon him." On another occasion, the Court stated that:

"Officers, within reasonable limits, are the judges of the force necessary to enable them to make arrests, to prevent escapes, and to deliver prisoners where they are required by law or by warrant to deliver them.

When acting in good faith, the courts will afford them the utmost protection, and they will recognize the fact that emergencies arise when they are not expected to exercise that cool and deliberate judgment which courts and juries exercise afterwards upon investigations in court.

When their actions are animated by anger or malice, they subject themselves to liability if they inflict injury upon one under arrest, for actual damage, where the injury is inflicted because of anger resulting from provocation, and for punitive damages where the injury is inflicted through malice." *Davidson v. Allam*, 143 Va. 367, 373, 130 S.E. 245, (1925); see also *Banks v. Bradley*, 192 Va. 598, 66 S.E.2d 526 (1951).

Law enforcement officers with specific questions regarding their authority should be referred to their legal counsel.

4. The law enforcement agency that has jurisdiction in the city or county in which the patient resides or is located will be dispatched to deliver and enforce Orders of Isolation, Orders of Quarantine, and Emergency Detention Orders.

Per the *Code of Virginia* (§ 8.01-293), the following persons are authorized to serve process:

1. The sheriff within the political subdivision in which he/she serves and in any contiguous county or city; or,
2. Any person of age 18 years or older and who is not a party or otherwise interested in the subject matter in controversy.

However, in contrast to court orders that could not be served by individuals, such as health department staff, who might be considered a party or otherwise interested in the subject matter in controversy, the Office of the Attorney General considers that administrative orders from the State Health Commissioner may be delivered by health department staff.

As stated in the *Code of Virginia* (§ 15.2-1704), police officers have no authority in civil matters, except in certain specific circumstances (e.g., emergency custody due to mental illness); as a result, they could refuse to deliver Orders of Isolation or Quarantine. However, *Code of Virginia* § 32.1-48.014 states that law enforcement (including police officers) may act on Emergency Detention Orders (see G, below) and they may enforce Orders of Isolation or Quarantine. As a result, future amendments of the appropriate sections of the *Code of Virginia* may be necessary for clarification of the role of local/state police in the delivery and enforcement of Orders of Isolation/Quarantine and Emergency Detention Orders.

5. The district health director, or his/her designee, will serve as the VDH liaison to both law enforcement and the courts. The district health department will ensure that local law enforcement officials have access to emergency contact information for key health department personnel and that the information is updated as necessary.
6. Attorneys from the Office of the Attorney General will facilitate the development of Orders of Isolation, Orders of Quarantine, and Emergency Detention Orders and will facilitate all hearing arrangements with the courts.
7. Courts shall conduct the hearing on appeals of orders in a manner that will protect the health and safety of court personnel, counsels, witnesses, and the general public. The district health director, or his/her designee, will notify the court of the necessary infection control precautions that will be needed during the hearing. Depending on the nature of the disease, the district health director may recommend to the court that the hearing not take place in person. As a result, the court may decide to use an audio- or video-linked court appearance, rather than a personal appearance. The court must make arrangements to allow the subject of the order to speak to legal counsel in private during the appearance.

In addition, the court may, for good cause shown, hold all or any portion of the hearings *in camera* (closed to the public) upon motion of any party or upon the court's own motion.

8. The district health director, or his/her designee, will also provide guidance to the custodians of the court on the methods that must be used to decontaminate the courtroom, if necessary. These custodians will be trained in the use of personal protective equipment, and infectious disease decontamination methods.
9. Law enforcement officials will transport patients to and from all court proceedings and to isolation/quarantine facilities, as needed. Vehicles

requiring decontamination will be removed from service and members of VDH and the Division of Consolidated Laboratory Services (DCLS) will provide guidance on the measures that must be taken to properly decontaminate the vehicles and equipment.

Transportation of an individual under isolation or quarantine to District Court hearings and/or to the place of isolation or quarantine will be the responsibility of VDH or the local law enforcement agency with authority where the individual is located. However, if the location to which the individual is being transported is outside the jurisdiction of a local law enforcement agency, then appropriate law enforcement agency transfer procedures will be implemented.

No individual known to be infected with any communicable disease, including any communicable disease of public health threat, or subject to an Order of Isolation or an Order of Quarantine may be refused transportation or service for that reason by an emergency medical services, law-enforcement, or public safety agency.

L. Release from Order

An Order of Isolation or Order of Quarantine terminates when:

- a. The State Health Commissioner determines that an individual or individuals no longer pose a risk of transmitting the communicable disease of public health threat to other persons. This will involve a written Termination of Order of Isolation/Quarantine ([Form J](#)). The determination of whether the patient is contagious will be made by the State Health Commissioner, in collaboration with the attending physician(s), the district health director, and other VDH staff; or,
- b. The order has expired; or,
- c. The order has been vacated by the court.

In any of the above situations, the individual or individuals under the Order of Isolation or Order of Quarantine shall be released immediately and receive the original copy of the release.

An Emergency Detention Order terminates at the end of the specified period, or on termination by the State Health Commissioner when the risk of noncompliance or the risk to the public health is no longer present, or when superseded by an appropriately delivered Order of Isolation or Order of Quarantine. A written Termination of Emergency Detention Order ([Form K](#)) will be issued. In any of the above situations, the individual or individuals under the Emergency Detention Order shall be released immediately and receive the original copy of the release. VDH will maintain a copy of the release on file.

In the event that an individual under isolation or quarantine dies, a determination will be made whether the case requires review by a Local Medical Examiner [Office of the Chief Medical Examiner (OCME)]. If no review is necessary, then the body will be managed according to standard procedures, including notification of persons who may come into contact with the body of appropriate infection control methods. If a review by the OCME is required (e.g., the communicable disease of public health threat occurred due to a bioterrorism incident), the body will be forwarded to a regional office of the Chief Medical Examiner. After the investigation, including an autopsy if required, has been completed, OCME protocols for the release of the body, including notification of persons who may come into contact with the body of appropriate infection control methods, will be followed.

M. Immunity from Liability

Under § 32.1-48.016 of the *Code of Virginia*, any person who, in good faith and in the performance of his/her duties, acts in compliance with the *Code of Virginia* and the Board of Health's regulations shall not be liable for any civil damages for any act or omission resulting from such actions unless such act or omission was the result of gross negligence or willful misconduct.

In addition, under § 32.1-38 of the *Code of Virginia*, anyone making a report under Virginia's *Regulations for Disease Reporting and Control* is immune from civil liability or criminal penalty unless he/she has acted with gross negligence or malicious intent.

Finally, as required by § 32.1-41 of the *Code of Virginia*, the State Health Commissioner and his designees shall preserve the anonymity of each patient and healthcare provider whose records are examined pursuant except that the State Health Commissioner, in his sole discretion, may divulge the identity of such patients and practitioners if pertinent to an investigation or study.

Supporting Documents

Forms

- A. Isolation and Quarantine Record
- B. Contact Investigation Form
- C. Home Isolation/Quarantine Assessment
- D. Example Voluntary Isolation Request Letter
- E. Example Voluntary Quarantine Request Letter
- F. Order of Isolation
- G. Order of Quarantine
- H. Emergency Detention Order
- I. Notification of Receipt of Individual By Police Officer
- J. Termination of Order of Isolation/Quarantine
- K. Termination of Emergency Detention Order

A Note on Forms

Many of these forms would need to be modified to meet individual case situations. Wherever possible, all of the most likely conditions for that situation have been included within these 'Template Forms'. In principle, these would then be edited to address the case's particular circumstances.

However, in the event that a large number of individuals would need to be managed, accurately modifying forms individually in a timely manner could prove difficult. As a result, the process of filling in the forms has been adapted to incorporate merge fields (indicated by << >>), enabling the use of a mail merge process to create many customized forms rapidly.

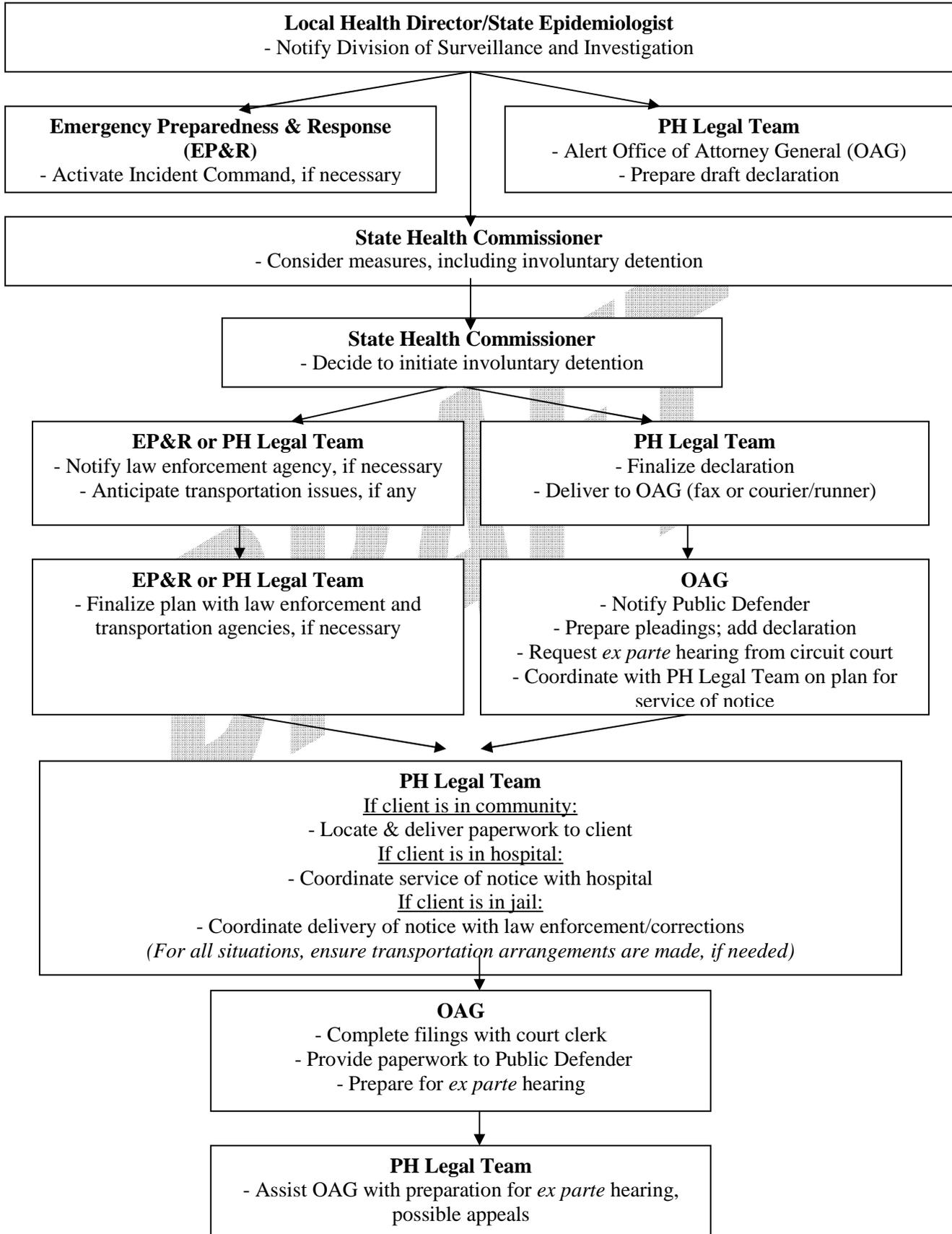
Isolation and Quarantine Forms Summary

Form	Description	Purpose	Who Uses or Fills Out	Notes
A	VDH Isolation and Quarantine Record	<ol style="list-style-type: none"> 1) Centralized, consistent data collection related to cases/contacts for health dept management 2) Ensure a complete legal record documenting the health dept and case/contact actions 3) Improve tracking of and compliance with legal requirements of I&Q 	LHD collects and documents information using this form (or local equivalent, or possibly a database such as OMS) Central Office uses results to develop I&Q documents	Incomplete information may lead to delays in developing time sensitive documents (e.g., Orders of I&Q) – therefore, forms should be completed to the best of the ability of the LHD staff May be superseded by use of databases (e.g., Outbreak Management System) in the future
B	Contact Investigation Form	Record information on contacts of cases to enable appropriate follow-up for disease control/prevention and/or I&Q	LHD	
C	Home Isolation/Quarantine Assessment	Assess the home situation and resources available to a case/contact to identify areas of support if I&Q implemented, or the need for centralized I&Q	LHD	Not a required form, but use is recommended when possible
D	Voluntary Isolation Letter	Draft letter from the LHD requesting that an individual follow recommendations for isolation	LHD	Not a legal document comparable to an Order. However, may obtain voluntary compliance (preferred) without complications of legal orders Not required – if clear risk of non-compliance, could use Orders – but preferred as part of documentation of HD's attempt to use least restrictive means and adequate notification, and the individual's refusal to comply. May be signed by designees of health director – but health director preferred due to authority
E	Voluntary Quarantine Letter	Draft letter from the LHD requesting that an individual follow recommendations for quarantine	As above	As above
F	Order of Involuntary	Draft Order of Isolation	Developed by Central	Legally-enforceable

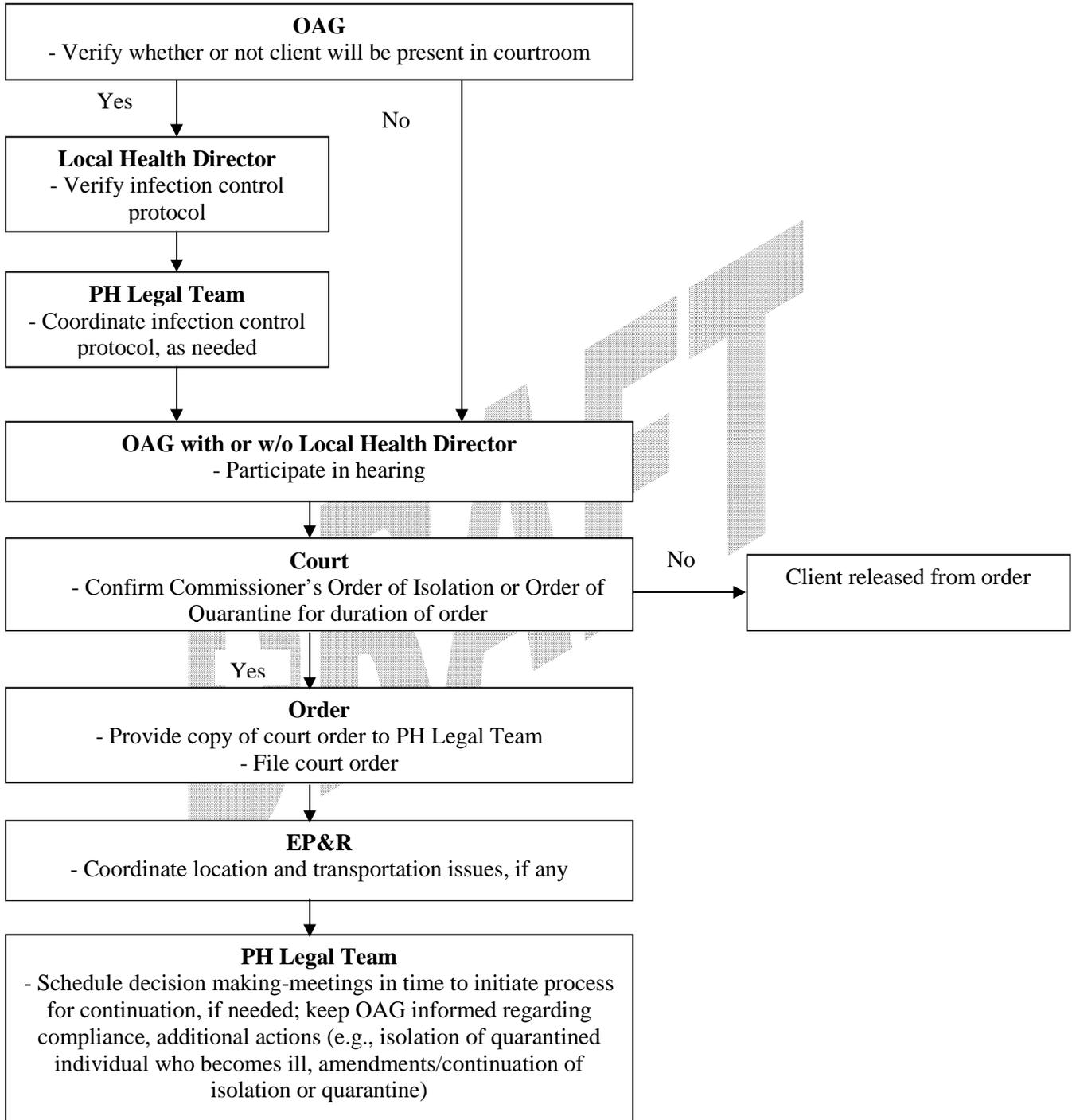
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	Isolation		Office (in consultation with, and using data collected by, LHD) or LHD (if preferred) Delivered by local law enforcement	requirement (carrying penalties for non-compliance) Must be signed by State Health Commissioner
G	Order of Involuntary Quarantine	Draft Order of Isolation	As above	As above
H	Emergency Detention Order	Draft Emergency Detention Order	As above	As above Enables more rapid response to situation (less complicated form with fewer data elements, and may be more familiar to law enforcement). However, would still need adequate justification, and may be more efficient to develop Order of Isolation/Quarantine at the same time (fewer steps to delivery of orders)
I	Receipt of Individual by Police Order	Documentation that law enforcement has taken an individual for transfer to another location for I&Q	Law enforcement	Uncertain role at present – somewhat equivalent to documentation of transfer of patient – law enforcement may have comparable documents
-	Appeal of Order of Isolation/Quarantine	Example of appeal that may be submitted by individual subject to an Order of Isolation/Quarantine	Individual (or individual's legal representative)	Not a health department document, <i>per se</i> - therefore, not included in guidelines
J	Release from an Order of Isolation/Quarantine	Official release from an Order of Isolation or Quarantine	Developed by Central Office (in consultation with LHD) or LHD (if preferred)	Legal release from Order – may be used following expiration of Order, the availability of additional information that indicates that Order no longer necessary, or following successful appeal Must be signed by State Health Commissioner
K	Release from an Emergency Detention Order	Official release from an Emergency Detention Order	As above	As above

Isolation and Quarantine - Process Flow Chart



Ex parte Hearing – Process Flow Chart



Critical Data for Developing Orders

Data	Quarantine	Isolation	Emergency Detention	Notes
Name	X	X	X	Full name
Date of Birth	X	X	X	For identification purposes
Current Location (residence, airport/flight)	X	X	X	Address for delivery
Home Address (incl county)	X	X	X	I/Q location and <i>ex parte</i> hearing
Site of I/Q – residence or facility – include address	X	X	X	
Communicable Disease of Public Health Threat	X	X		
Exposure	X			
Exposure Date	X			
Sign/Symptom Onset		X		
Signs/Symptoms		X		
Laboratory Test Results		X		If available
Reporting Physician (name, address, state of licensure)		X		If applicable
Health Director Name/LHD Requesting Compliance	X	X		If applicable
Dates/Times Noncompliant, Staff Contact(s) Who Attempted Contact, Reported Location of Noncompliance	X	X		If applicable
Prophylaxis/Treatment Attempts	X	X		If applicable
Exceptional Circumstances	X	X	X	
Affected Area (Requires State of Emergency)	X	X		If applicable
Start Date for Order	X	X	X	
Duration/End Date + Time for Order	X	X		
Local Health Department Contact (Name, Title, Address, Telephone)	X	X	X	
Special Instructions (infection control, contact, monitoring)	X	X		
Local or State Agency Transporting Individual			X	

Note: the following limited data elements are generally necessary to develop an Order of Involuntary Isolation or Involuntary Quarantine. This list may be used to help ensure that the appropriate data is available for rapid initial development of Orders - an electronic spreadsheet or database format further facilitates a rapid response. However, all necessary supporting documentation MUST be collected and organized by local health department staff for each case to ensure appropriate preparations can be made for the *ex parte* hearing (+/- potential appeals).

Attachments

- A. Summary Of Mandates Required by Federal Law, State Law, Contract Or Interagency Agreement
- B. Delegation of the Statutory Authority by the Commissioner of Health to District Health Directors
- C. April 4, 2003 Executive Order for Quarantinable Conditions
- D. April 1, 2005 Executive Order for Quarantinable Conditions
- E. Exceptional Circumstances
- F. Facility Infrastructure Considerations
- G. Example Information for Home Isolation
- H. Example Information for Home Quarantine
- I. Factors Affecting Compliance with Quarantine

DiGiovanni C, Conley J, Chiu D, Zaborski J. Factors influencing compliance with quarantine in Toronto during the 2003 SARS outbreak. 2004. Biosecurity and Bioterrorism: Biodefense strategy, practice and science. 2(4):265-272.
- J. Sample Notice of Quarantine
- K. Sample Virginia Declaration of State of Emergency (Pandemic Influenza)

Glossary of Terms

The following words and terms have the following meaning in this document:

Affected area	Any part or the whole of the Commonwealth, which has been identified as where individuals reside, or may be located, who are known to have been exposed to or infected with or who are reasonably suspected to have been exposed to or infected with a communicable disease of public health threat.
Carrier	A person or animal that harbors a specific infectious agent without discernible symptoms of disease and serves as a potential source of infection.
Case	A person who has been diagnosed as having a particular disease or condition.
Case definition	Specifications of the characteristics that describe a case of disease (e.g., person, place, time, symptoms, signs). These are specific to each disease, and can be specific to each situation. They vary, according to knowledge of the disease and can change over the course of an investigation.
Case, confirmed	A case that is classified as confirmed for reporting purposes, usually by laboratory testing data or other testing results. (e.g., X-ray). The elements of classification will vary from disease to disease.
Case, probable	A case that meets the clinical criteria but has not been confirmed by laboratory or other means. The elements of classification will vary from disease to disease.
Case, suspected	A person who has known contact with an infectious agent or is experiencing some of the symptoms of the disease under investigation. The elements of classification will vary from disease to disease.
Chain of custody	A process used to maintain and document the chronological history of the evidence. Documentation should include name or initials of the individual collecting the evidence, each person or entity subsequently having custody of it, dates the items were collected or transferred, agency and case number, the case's name, and a brief description of the item.
Communicable disease	An illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod or through the agency of an intermediate host or a vector or through the inanimate environment.
Communicable disease of public health significance	An illness caused by a specific or suspected infectious agent that may be transmitted directly or indirectly from one individual to another. This includes, but is not limited to, infections caused by human immunodeficiency viruses, blood-borne pathogens, and tubercle bacillus. The State

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	Health Commissioner may determine that diseases caused by other pathogens constitute communicable diseases of public health significance.
Communicable disease of public health threat	An illness of public health significance, as determined by the State Health Commissioner in accordance with these regulations, caused by a specific or suspected infectious agent that may be reasonably expected or is known to be readily transmitted directly or indirectly from one individual to another and has been found to create a risk of death or significant injury or impairment; this definition shall not, however, be construed to include human immunodeficiency viruses or the tubercle bacilli, unless used as a bioterrorism weapon.
Communicable period/ period of communicability	The time during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to humans, or from an infected person to animals including arthropods.
Companion animal	Any domestic or feral dog, domestic or feral cat, nonhuman primate, guinea pig, hamster, rabbit not raised for human food or fiber, exotic or native animal, reptile, exotic or native bird, or any feral animal or any animal under the care, custody, or ownership of a person or any animal that is bought, sold, traded, or bartered by any person. Agricultural animals, game species, or any animals regulated under federal law as research animals shall not be considered companion animals for the purpose of this article.
Condition	Any adverse health event, such as a disease, an infection, a syndrome, or procedure (including, but not limited to, the results of a physical exam, laboratory test, or imaging interpretation) indicating that an exposure of public health importance has occurred.
Contact	A person or animal known to have been in such association with an infected person or animal as to have had an opportunity of acquiring the infection.
Contact tracing	The process by which an infected person or health department employee notifies others that they may have been exposed to the infected person in a manner known to transmit the infectious agent in question.
Cordon sanitaire	The border around an area that contains persons with a communicable disease to restrict travel in or out of the area and thereby prevent the spread of the communicable disease.
Designee or "designated officer or	Any person, or group of persons, designated by the State Health Commissioner, to act on behalf of the State Health

agent”	Commissioner or the board.
Due process	The administration of justice according to established rules and principles; based on the principle that a person cannot be deprived of life or liberty or property without appropriate legal procedures and safeguards. Examples include a person’s right to be adequately notified of charges or proceedings involving him/her, and the opportunity to be heard at these proceedings.
Epidemic	The occurrence in a community or region of cases of an illness clearly in excess of normal expectancy.
Essential needs	Basic human needs for sustenance including, but not limited to, food, water and health care, e.g., medications, therapies, testing, and durable medical equipment.
Exceptional circumstances	The presence, as determined by the State Health Commissioner in his sole discretion, of one or more factors that may affect the ability of the department to effectively control a communicable disease of public health threat. Factors to be considered include, but are not limited to: 1) characteristics or suspected characteristics of the disease-causing organism or suspected disease-causing organism such as virulence, routes of transmission, minimum infectious dose, rapidity of disease spread, the potential for extensive disease spread, and the existence and availability of demonstrated effective treatment; 2) known or suspected risk factors for infection; 3) the potential magnitude of the effect of the disease on the health and welfare of the public; and, 4) the extent of voluntary compliance with public health recommendations. The determination of exceptional circumstances by the State Health Commissioner may take into account the experience or results of investigation in Virginia, another state or another country.
Health Information	Under HIPAA, health information includes any information, in any form or medium, that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse, and that relates to the past, present, or future physical or mental health or condition of an individual or the provision of healthcare to an individual.
HIPAA	The Health Insurance Portability and Accountability Act of 1996 - Federal regulations that require the protection of the privacy and security of patients' medical information and the use of a standard format when submitting electronic transactions. The Privacy Rule within HIPAA regulates the way certain healthcare groups, organizations, or businesses, called covered entities, handle the individually identifiable

	health information known as protected health information (PHI).
Immunization	A procedure that increases the protective response of an individual's immune system to specified pathogens.
In camera	Kept private or confined to those intimately concerned;
Incubation period	The interval (in hours, days, or weeks) between the initial, effective exposure to an infectious organism and the first appearance of symptoms of the infection.
Individual	A person or companion animal. When the context requires it, "person or persons" shall be deemed to include any individual.
Infected individual	A person or animal that harbors an infectious agent and who has either manifest disease or unapparent infection.
Infection	The entry and multiplication or persistence of an organism (prion, virus, rickettsia, bacteria, fungus, protozoan, helminth, or ectoparasite) in the body of an individual. An infection may be inapparent (i.e., without recognizable signs or symptoms but identifiable by laboratory means) or manifest (clinically apparent).
Infectious agent	An organism (virus, rickettsia, bacteria, fungus, protozoan or helminth) that is capable of producing infection or infectious disease.
Investigation	An inquiry into the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence.
Isolation	The physical separation, including confinement or restriction of movement, of an individual or individuals who are infected with or are reasonably suspected to be infected with a communicable disease of public health threat in order to prevent or limit the transmission of the communicable disease of public health threat to uninfected and unexposed individuals.
Isolation, complete	The full-time confinement or restriction of movement of an individual or individuals infected with, or reasonably suspected to be infected with, a communicable disease in order to prevent or limit the transmission of the communicable disease to uninfected and unexposed individuals.
Isolation, modified	A selective, partial limitation of freedom of movement or actions of an individual or individuals infected with, or reasonably suspected to be infected with, a communicable disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or

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	procedures intended to limit disease transmission.
Isolation, protective	The physical separation of a susceptible individual or individuals not infected with, or not reasonably suspected to be infected with, a communicable disease from an environment where transmission is occurring, or is reasonably suspected to be occurring, in order to prevent the individual or individuals from acquiring the communicable disease.
Law enforcement agency	Any sheriff's office, police department, adult or youth correctional officer, or other agency or department that employs persons who have law-enforcement authority that is under the direction and control of the Commonwealth or any local governing body. "Law-enforcement agency" shall include, by order of the Governor, the Virginia National Guard.
Least restrictive	The minimal limitation of the freedom of movement and communication of an individual while under an order of isolation or an order of quarantine that also effectively protects unexposed and susceptible individuals from disease transmission.
Medical care facility	Any hospital or nursing home licensed in the Commonwealth, or any hospital operated by or contracted to operate by an entity of the United States government or the Commonwealth of Virginia.
Mode of transmission	Describes the mechanisms by which an infectious agent is spread to humans. Such mechanisms include direct, indirect, and airborne spread.
Nurse	Any person licensed as a professional nurse or as a licensed practical nurse by the Virginia Board of Nursing.
Outbreak	The occurrence of more cases of a disease than expected.
Period of communicability	The time (days, weeks or months) during which an infectious agent may be transferred, directly or indirectly, from an infected person to another person; from an infected animal to humans; or from an infected person to animal or insects.
Physician	Any person licensed to practice medicine or osteopathy by the Virginia Board of Medicine.
Personal Protective Equipment (PPE)	Protection for employees from the risk of injury by creating a barrier against workplace hazards. The appropriate PPE for a communicable disease situation depends on the characteristics of the agent and the potential exposure.
Protected Health Information (PHI)	Under the HIPAA Privacy Rule, protected health information includes any <i>individually identifiable</i> health information.

	<p>'Identifiable' refers not only to data that is explicitly linked to a particular individual; it also includes health information with data items that reasonably could be expected to allow individual identification. Examples of HIPAA regulated patient identifiers include: names, medical record/account numbers, addresses, telephone numbers, date of birth, Social Security Number, etc.</p> <p>De-identified information is information where all potentially identifying information has been removed.</p>
Quarantine	The physical separation, including confinement or restriction of movement, of an individual or individuals who are present within an affected area or who are known to have been exposed, or may reasonably be suspected to have been exposed, to a communicable disease of public health threat and who do not yet show signs or symptoms of infection with the communicable disease of public health threat in order to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.
Quarantine, complete	The full-time confinement or restriction of movement of an individual or individuals who do not have signs or symptoms of infection but may have been exposed, or may reasonably be suspected to have been exposed, to a communicable disease of public health threat in order to prevent the transmission of the communicable disease of public health threat to uninfected individuals.
Quarantine, modified	A selective, partial limitation of freedom of movement or actions of an individual or individuals who do not have signs or symptoms of the infection but have been exposed to, or are reasonably suspected to have been exposed to, a communicable disease of public health threat. Modified quarantine may be designed to meet particular situations and includes, but is not limited to, limiting movement to the home, work, and/or one or more other locations, the prohibition or restriction from using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.
Reportable disease	An illness due to a specific toxic substance, occupational exposure, or infectious agent, which affects a susceptible individual, either directly, as from an infected animal or person, or indirectly through an intermediate host, vector, or the environment, as determined by the board.
"Reverse 911" Messaging	A communications product that establishes a virtual calling network, enabling public safety agencies to telephone

	community residents with recorded messages informing them of emergencies, hazards, major road closures, or other important matters relevant to public health and public safety. The system is built on a database of local resident and business phone numbers.
Self-shielding	Self-imposed exclusion from infected persons or those perceived to be infected (e.g., by staying home from work or school during an epidemic).
Snow days	Days on which offices, schools, transportation systems are closed or cancelled, as if there were a major snowstorm.
Special Populations	Persons who by reason of language barriers, living conditions, confinement, lack of transportation, or other unique situations might require additional assistance to understand publicly issued instructions or obtain needed care, especially in times of emergency. Examples include homeless persons, nursing home patients, mentally ill or mentally retarded individuals living in group residential homes, students in university dorms, juveniles in detention centers, prisoners, and migrant laborers.
Stakeholders	Everyone with an interest (or "stake") in an activity. For isolation and quarantine, this may include state, local and federal agency staff, including—but is not limited to—public health and hospitals, law enforcement, fire and EMS, homeland security, emergency management, human services, and support agencies such as sanitation, energy, housing authority, schools, and transportation. In addition, it could include decision-makers in private business and organizations, including nongovernmental organizations, private hospitals, and health care providers, food, shelter, transportation, security, funerary and other private service providers. Finally, other stakeholders may include public leaders, members of the media, and private citizens interested in becoming informed on how to better protect their communities and respond to contagious diseases.
State of emergency	The condition declared by the Governor when, in his/her judgment, the threat or actual occurrence of an emergency or a disaster in any part of the Commonwealth is of sufficient severity and magnitude to warrant disaster assistance by the Commonwealth to supplement the efforts and available resources of the several localities, and relief organizations in preventing or alleviating the damage, loss, hardship, or suffering threatened or caused thereby and is so declared by him.
Surveillance	The on-going systematic collection, analysis, and interpretation of outcome-specific data for use in the

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	planning, implementation and evaluation of public health practice. A surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.
Susceptible individual	A person or animal who is vulnerable to or potentially able to contract a disease or condition. Factors that affect an individual's susceptibility include, but are not limited to, physical characteristics, genetics, previous or chronic exposures, chronic conditions or infections, immunization exposure, or medications.
Vector	A carrier, either biological or mechanical, that transmits disease-causing organisms from infected to non-infected persons or animals (mosquito, tick, mice, etc) or that carries disease-causing microorganisms from one host to another.

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Revisions to Guidelines

Revision Number	Supersedes	Effective Date
Version: 02/06/2007	11/07/2006	02/06/2007
Version: 11/07/2006	10/03/2005	
Version: 02/08/2006	Not generally released	
Version: 01/04/2006	Not generally released	
Version: 10/03/2005	08/19/2005	
Version: 08/19/2005	08/01/2005	
Version: 08/01/2005	07/25/2005	
Version: 07/25/2005	07/13/2005	07/25/2005
Version: 07/13/2005	06/21/2005	
Version: 06/21/2005	06/01/2005	06/01/2005
Version: 06/01/2005	04/05/2005	06/01/2005
Version: 04/05/2005	03/10/2005	Not generally released
Version: 03/10/2005	03/07/2005	
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Seattle & King County Health Department (Planning and Managing Isolation and Quarantine – Advance Practice Toolkit)

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References

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Contacts

A wide range of individuals or agencies may need to be contacted to assist in the implementation of isolation and/or quarantine procedures. In addition to the following numbers, additional contact information (e.g., for local contacts such as law enforcement, elected officials, hospitals, etc.) should be maintained by local health departments.

Virginia Department of Health, Central Office: 804-864-8141
Epi Phone (24/7): 804-840-1814
Fax: 804-864-8139

Division of Consolidated Laboratory Services: 804-648-4480
Emergency Services Officer (24/7): 804-418-9923

Office of the Attorney General: 804-786-2071

Office of the Chief Medical Examiner: 804-786-3174

State Veterinarian's Office: 804-692-0601

Virginia Emergency Operations Center: 804-674-2400